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ABSTRACT

This report presents the final scope, methods, and results of the evaluation of proficiency measures in occupational therapy. The intended purpose of the investigation was to evaluate and analyze the reliability and validity of measurements that are predictive of competence and proficiency at entry levels in occupational therapy. Each level of the Proficiency Examination (PE) was evaluated with a number of independent measures of occupational therapy knowledge and practice. Existing measures, the National Certification Examination (NCE), and the Field Work Performance Report (FWPR), were compared with the therapist level examination, the Qualitative Assessment of Field Work Competency (QAFWC). The FWPP, a measure of frequency of performance of required skills, was revised to include a qualitative dimension of performance. The Qualitative Assessment of Field Work Performance (QAFWP), a measure of field work performance at the assistant level, was developed as an independent measure for the evaluation of the assistant level PE. Information on the data collection phases; general descriptive data; the factor analysis of the PE and the NCE; the relationship between grade point average and the PE, QAFWC, and FWPR; and the comparative score performance between therapists and assistant therapists on the therapist level PE is given. Conclusions and recommendations are made based on the data. (RC)

EVALUATION OF MEASURES OF PROFICIENCY IN OCCUPATIONAL THERAPY

FINAL REPORT

Contract #231-75-0205

By

The American Occupational Therapy Association
6000 Executive Boulevard
Rockville, Maryland 20852

FINAL REPORT

OF

EVALUATION OF MEASURES OF PROFICIENCY IN OCCUPATIONAL THERAPY

Contract #231-75-0205

Submitted to:

Department of Health, Education, and Welfare
Health Resources Administration
Bureau of Health Resources Development
Division of Associated Health Professions

By

The American Occupational Therapy Association
6000 Executive Boulevard
Rockville, Maryland 20852

August 31, 1976

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An honorary degree in occupational therapy should be presented to Philip Ferrara; he can now, after months of responsibility for the

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INTRODUCTION

BACKGROUND

The American Occupational Therapy Association was awarded a two-year contract (NOI-AH-24172) from the Department of Health, Education, and Welfare, Public Health Service, National Institute of Health, Bureau of Health Manpower Education, in 1971, to delineate the roles and functions of occupational therapy personnel. In 1972, the Professional Examination Service was then awarded an 18-month contract (NOI-AH-34063) from the Department of Health, Education, and Welfare, Human Resources Administration, Bureau of Health Resources Development, Division of Associated Health Professions, to develop proficiency examinations for entry-level occupational therapists and entry-level occupational therapy assistants. These examinations were based upon task inventories derived from the roles and functions.

A third contract was then awarded to The American Occupational Therapy Association for 13 months, beginning in 1975, from the Department of Health, Education, and Welfare, Human Resources Administration, Bureau of Health Resources Development, Division of Associated Health Professionals, to conduct an evaluation of the proficiency examinations. This report presents the final scope, methods, and results of the evaluation of proficiency measures in occupational therapy.

The support for the above three contracts had its base in Public Law 91-519. The Division of Associated Health Professions, Health Resources Administration, is empowered under PL 91-519, Title II, Section 792 (c) (2) to "enter into contracts...for special projects relating to training or retraining of allied health personnel, including...(f) developing, demonstrating, or evaluating techniques for appropriate recognition (including equivalency and proficiency testing mechanisms) of previously acquired training or experience." PL 92-603, Section 1123, authorizes the Secretary to carry out a program designed to determine the proficiency of individuals (who do not otherwise meet the formal educational, professional, membership, or other specific criteria established for determining the qualifications of particular health groups) to perform the duties and functions of those health groups. If any individual has been determined qualified, no person or provider using the services of such individual to perform such duties and functions shall be denied payment under Title XVIII on the grounds that such an individual is not qualified.

PURPOSE

The intent of this third phase was to evaluate each level of the Proficiency Examination (PE) with a number of independent measures of occupational therapy knowledge and practice. Existing measures, the National Certification Examination (NCE), and the Field Work Performance

Report (FWPR), are presently available for comparison with the therapist level examination.

The use of the NCE and FWPR as independent measures was not seen as sufficient for the purposes of this study, because they do not adequately reflect the roles and functions as defined by the results of the first phase. The FWPR is a measure of the frequency of performance of required skills. The assumption that competency in occupational therapy could be assessed via a measurement of frequency was questioned. The members of a pre-contract conference proposed that the FWPR be revised to include a qualitative dimension of performance and to reflect the roles and functions delineated under contract NOI-AH-24172.

AOTA did not have any measure of field work performance at the assistant level. Therefore, the development of an independent measure for the evaluation of the assistant level PE was included in the scope of this contract. This instrument, the Qualitative Assessment of Field Work Performance (QAFWP) was based upon the roles and functions delineated under Contract NOI-AH-24172.

SCOPE OF WORK

The following was to be completed by the contractor, The American Occupational Therapy Association (AOTA) and the subcontractor, Professional Examination Service (PES).

ADVISORY COMMITTEE

Most of the members of the Advisory Committee for the previous two proficiency testing contracts; NO1-AH-34063 and NO1-AH-24173 were asked to join the new committee. The members represented institutions and organizations employing occupational therapy personnel, and faculty of technical and academic occupational therapy programs. A measurement specialist was also asked to participate as a consultant to the committee. The names and titles of all committee members are listed in Appendix A. The committee met three times during the 18 month contract period. The purpose of the committee was to review and comment upon the methodology proposed by the project staff and to review and help interpret the data collected. The committee was also asked to prepare recommendations to AOTA for use of the examinations and/or continued study.

PERFORMANCE INSTRUMENTS

- A qualitative addendum to the Field Work Performance Report (FWPR) was to be developed and used as an independent measure of field work performance.

- For the evaluation of the assistant level Proficiency Examination (PE), a qualitative assessment of field work performance was to be developed.

ADMINISTRATION OF PROFICIENCY EXAMINATION

THERAPIST LEVEL:

- A 250-item therapist level examination plus selected items from the therapist level item pool was to be administered to occupational therapy candidates in June 1975.

- A 150-item form of the therapist level PE was to be administered to occupational therapy candidates in January 1976.

ASSISTANT LEVEL:

- A 250-item therapist level PE and a 250-item assistant level PE were to be administered to occupational therapy assistant candidates during August and October 1975.

- A 250-item form of the assistant level PE was to be administered to occupational therapy assistant candidates during February and May 1976.

EXPERIMENTAL DESIGN

Collect, compare, and analyze the following data:

- For Occupational Therapy Candidates (OTs):

1. One to three Qualitative Assessments of Field Work Competency (QAFWC) ratings on each student. (Instead of revising the FWPR, contract staff decided to develop an additional instrument titled QAFWC which would be used as an addendum to the FWPR. A detailed explanation of this begins on page 10.)
2. Scores obtained from the NCE.
3. Scores obtained from the therapist level PE.
4. Scores obtained from the employer's rating form.

- For Occupational Therapy Assistant Candidates (OTAs):

1. Scores obtained from an assistant level PE.
2. One to three Qualitative Assessment Field Work Performance (QAFWP) ratings on each candidate.

- For OT and OTA Candidates:

Scores obtained on same 250-item form of therapist level PE.

Not included in the original Scope of Work, but added by amendment (Oct. 23, 1975) for further evaluative study of the therapist level PE:

- Comparison of scores obtained by therapist level candidates of the QAFWC and FWPR across field work settings.

- Comparison between the setting of passing criteria on the PE, FWPR, and QAFWC. (This comparison was attempted but because no significant correlations were found, this was not pursued.)

- Comparison of Grade Point Averages (GPAs) with scores obtained from the PE, QAFWC, and FWPR.

METHODS

INSTRUMENTS

THERAPIST LEVEL

PROFICIENCY EXAMINATION

Both levels of the Proficiency Examination (PE) were developed by the Professional Examination Service (PES) under Contract NO1-AH-34063. Details of the design and pilot testing of the examinations are in the final report of that contract titled Occupational Therapy Proficiency Examination (NO1-AH-34063, January 31, 1975).

Each 250-item examination has nine content subareas (illustrated in the vertical column of the blueprint, see Appendix D). Those subareas are: Self Care (13% of the total), Work (13%), Play/Leisure (8%), Motor (20%), Sensory-Integrative (13%), Cognitive (8%), Psychological (13%), Social (8%), and Life Space (4%). The examination is also divided along a second axis (illustrated in the horizontal column of the blueprint) into the following process subareas: Evaluation (30%), Planning (20%), and Implementation (50%). Statistical analyses were performed along both of the dimensions of the examination.

NATIONAL CERTIFICATION EXAMINATION

The National Certification Examination (NCE) is the examination used by The American Occupational Therapy Association (AOTA) and administered by The Psychological Corporation as part of the certification

requirements for occupational therapists, registered. The other requirements for certification are; graduation from an accredited baccalaureate or master's degree level curriculum, and the successful completion of at least six months of field work experience, three months of which must be in the area of mental health and three months in a physical disabilities area. Many curricula require that graduates complete an additional two or three month internship. To be eligible to write the certification examination the candidate must receive the endorsement of the curriculum director.

The 250-item NCE is administered to approximately 800 candidates twice each year. The content distribution of the NCE has been changed since January 31, 1975. At that time, there were three major categories; Basic Sciences with two subareas--Biological and Behavioral Sciences, Clinical Sciences with four subareas--Medical-Surgical, Neurological, Orthopedics, and Psychiatry,and Occupational Therapy Application with four subareas--Medical-Surgical, Neurological, Orthopedics and Psychiatry.

FIELD WORK PERFORMANCE REPORT

The Field Work Performance Report (FWPR) is the official instrument used by the AOTA for evaluating field work performance for occupational therapy students at the end of each of two or three required internships. There are 53 items divided into five major performance areas: Data Gathering, Treatment Planning, Treatment Implementation, Communication Skills, and Performance Characteristics. Each item is rated on a four-point scale, ranging from one to four points.

Criteria for selection of points is based upon frequency of performance. Performance of a competency 0-25% of the time expected/required equals one point, 26-50% equals two points, 51-75% equals three points and 76-100% equals four points. (A sample copy of the FWPR is in Appendix E.)

As mentioned in the first section of this report, the project staff and consultants were not totally confident in this instrument for the purpose of this evaluation study of the proficiency examination. The project staff met with a group of occupational therapy educators and clinicians to review the concerns of those people who use the instrument. The therapists and the educators identified two issues of great concern to them. (1) Measurement of frequency of performance of a desired behavior was not sufficient. For example, some students performed a specific behavior 80% of the time, but often would not do it at all, and still would receive the maximum score. (2) The four-point rating scale was also found to be a limiting factor since most students received a score of between three and four as a mean score per item. This led to a restricted range of total scores. The users of the instrument also reported some positive aspects. The items were considered to represent the varied scope of performance areas. The form was considered easy to use.

The project staff decided not to change or revise the FWPR so as not to contaminate the data available on it, but to instead develop a separate qualitative instrument that could be used in conjunction with the FWPR for the purposes of the evaluation study.

QUALITATIVE ASSESSMENT OF FIELD WORK COMPETENCY

The Qualitative Assessment of Field Work Competency (QAFWC) was developed by the project's consultant with the assistance of the PES staff. It was intended to be used as an addendum to the FWPR for the purpose of evaluating the therapist level PE. There are a total of eleven items in three major performance areas corresponding to the three process areas of the Proficiency Examination; Treatment Evaluation, Treatment Planning, and Treatment Implementation. A fourth area, Personal Characteristics, contains three additional items. For each of the eleven items, there are five behavioral indices, ranging from one (very weak) to five (very strong). The evaluator is asked to select the behavioral indicator that most completely describes the student's performance for that item. The definition of terms used in the QAFWC is consistent with the FWPR. All of the supervisors were instructed not to allow the student to see the form. (The QAFWC is in Appendix F.)

EMPLOYER'S RATING FORM

The QAFWC was used as the employer's rating form. The cover page was changed and "employee" was substituted for "student".

ASSISTANT LEVEL

PROFICIENCY EXAMINATION

There were three forms of a 250-item assistant level examination. Each examination has eight content subareas (illustrated in the vertical column of the blueprint, see Appendix D). Those subareas are:

Self Care (30% of the total), Work (30%), Play/Leisure (20%), Motor (5%), Cognitive (4%), Psychological (4%), Social (5%), and Life Space (2%). The examination is also divided along a second axis (illustrated in the horizontal column of the blueprint) into the following three process areas: Evaluation (20%), Planning (10%), and Implementation (70%).

QUALITATIVE ASSESSMENT OF FIELD WORK PERFORMANCE

The Qualitative Assessment of Field Work Performance (QAFWP) was developed by the project's consultant with the assistance of the sub-contractor's staff as a measurement of performance at the assistant level to be used to evaluate the assistant level PE. The AOTA does not have an official performance instrument for this level. Each approved OTA program uses their own method of performance evaluation.

In preparing for the development of the QAFWP, the staff collected all of the evaluation instruments used by each of the schools. The consultant tried to abstract the best psychometric aspects of those instruments into one format. The format used for the QAFWC was favorably assessed by the supervisor/evaluators, so it was also used for the QAFWP. Of the four major categories assessed, three contain a total of seven items and correspond to the three process categories of the assistant level PE; Evaluation, Planning, and Implementation. Each of the seven items are rated on a scale of five points, from one (very weak) to five (very strong). There is a descriptive behavioral indicator for each scale. The fourth category, Role Expectations,

contains four parts with a total of 26 items. Each item is rated on the same five-point scale, but there are no behavioral indices.

The first draft of the QAFWP was sent to all program directors for comment. Nine of the 43 responded and those comments were used to revise the second draft. The second draft was then presented to a group of program directors, faculty members, and clinical supervisors at a meeting of the 1975 AOTA Annual Conference. The participants carefully reviewed the QAFWP and made several suggestions for revision. The final QAFWP (see Appendix G) reflects those revisions. 491 copies of the form were then sent to supervisors along with an evaluation form accompanying the QAFWP. The responses were tabulated (see Appendix H) and will be used for further revision of the QAFWP if the AOTA decides to use it or study it for potential use as an official instrument. Discussion of the evaluation and future use of the form appears in the section beginning on page 68.

DATA COLLECTION PROCEDURES

THERAPIST LEVEL

Most of the occupational therapy curricula prepare candidates to complete academic and field work requirements in time for either the June or the January administrations of the NCE. The project staff therefore arranged the testing schedule to coincide with these dates.

FIRST DATA COLLECTION PHASE

On June 21, 1975, one week prior to the administration of the NCE, a two-part therapist level PE (one 250-item examination and an additional 150 pool items) was administered. All 807 candidates eligible for the NCE were asked to voluntarily participate in the project. 275 responded to the request with 179 candidates examined at 46 testing sites throughout the country. 91 completed at least 95% of both parts, and 123 completed at least 95% of the 250-item examination.

The 275 candidates who expressed willingness to participate were also asked to have the following data forwarded to the PES;

1) Their scores on the June 28, 1975 administration of the NCE.

2) Copies of the FWPR completed by their field work supervisors. (These forms were completed within a six to nine-month period prior to the administration of the examinations.) With the candidates permission, curriculum directors were able to send photocopies of these from the students' files. 63 FWPRs were received from the group of 123 subjects who also wrote the PE and NCE.

3) Names and addresses of the current field work supervisors, if the candidate was then still completing field work requirements. These supervisors were asked to evaluate the student using the QAFWC and FWPR. In addition, supervisors were asked through a structured format to give their impressions of the QAFWC. Sixty QAFWCs were received from the group of 123 subjects who

wrote the PE, NCE, and were also among the 63 who forwarded completed FWPRs.

4) Names and addresses of employers and permission to contact the employer after a six-month period. A follow-up request was sent to candidates who did not know the employer at the time of the first solicitation. The employers were asked to evaluate the subject based upon the employer's rating form. Out of a total of 57 candidates, responding to both requests, 30 candidates' employers completed the employer's rating form.

SECOND DATA COLLECTION PHASE

On January 31, 1976, a 150-item therapist PE was administered at 23 sites throughout the country. The examination was reduced from 250 to 150 items so that a factor analysis of the items could be performed.

A total of 707 candidates was asked to participate. 220 candidates responded positively to the request with 117 candidates completing the examination. The 220 willing subjects were asked to grant permission to have the following data forwarded to PES:

1) Copies of the FWPR's from two or three field work assignments. 406 were received on 170 subjects. Each subject's scores were averaged yielding one score per subject. Based upon the sample of 170, 82 individuals also wrote the PE.

2) Copies of the QAFWC from their two or three field work experiences. The subjects were asked to submit to the staff the names and addresses of their field work supervisors. Copies of the QAFWC with instructions were sent to the supervisors. 461 copies of the QAFWC were sent to supervisors for the 220 candidates agreeing to participate in the study. 256 QAFWCs were returned for a total of 140 subjects. When more than one QAFWC per subject was received, the scores for each subject were averaged. 78 of the subjects who sent in at least one also wrote the PE and were among the 82 who forwarded FWPRs.

3) Grade point averages (GPAs) from the curriculum directors. 45 GPAs were received from those subjects supplying the above data.

ASSISTANT LEVEL

Students graduate from 41 approved OTA programs at various times throughout the year. To secure a maximum number of subjects for both data collection phases, the staff decided to allow each program director to select a testing date convenient to the program. To qualify as a subject, a student must have completed the academic program and all required field work prior to the date of the examination.

FIRST DATA COLLECTION PHASE

Two examinations were administered to a total of 234 subjects during August 1975 and October 1975. These examinations were a 250-item form

of the assistant level PE and the same 250-item form of the therapist level PE administered to occupational therapist candidates on June 21, 1975. One-half of the subjects wrote the assistant level examination first and the therapist level examination second. The remaining samples were administered the examination in reverse order. Subjects were informed of the levels of each examination at the end of the day. 191 completed at least 95% of the therapist level examination. No additional data were collected.

SECOND DATA COLLECTION PHASE

The same 250-item form of the assistant level examination was administered to 183 subjects at 22 different sites between February and May 1976. 178 subjects completed at least 95% of the examination. The subjects (and/or program directors) were asked to send to the staff the names and addresses of their field work supervisors. 492 QAFWPs with instructions were mailed to supervisors. (Note: Each student is required to have two or more field work experiences, accounting for the large number of scores. The QAFWPs across field work experiences were averaged for each individual candidate.) A total of 140 candidates' scores were used in the final data analysis.

Chart 1
THERAPIST LEVEL

SUMMARY OF DATA COLLECTED

Administration	No. of subjects solicited	No. of subjects prof. exam	No. of subjs completed prof. exam	No. of sites for prof. exam	No. of subjs took NCE	No. [illegible] scores used	No. [illegible] scores used	No. of GPA	No. of employer ratings
June 1975 (Prof. exam, 2 parts total 400 Part I = Form I 250 item Part II - 150 items from pool)	307	179	[illegible] Part I 91 Both parts	46	120	63	60	N/A	30
January 1976 (Prof. exam. 150 item exam. from pool of 400 above)	[illegible]	117	117	23	N/A	82	78	45	N/A

Chart 2
ASSISTANT LEVEL

Administration	No. solicited	No. of subjects prof. exam. assistant level	No. of subjects prof. exam. therapist level	No. of sites	No. of OAFWP
First	310	191	[illegible]	35	N/A
Second	300	176	N/A	22	140

Note: The numbers may differ from the sample sizes reported in the statistical tables appearing in the section "RESULTS". This is because only matched samples were actually used in the analyses.

PROBLEMS ENCOUNTERED

The administrative problems encountered were mainly caused by a very limited time schedule and difficulty in obtaining the sample size proposed in the initial contract.

ADMINISTRATION OF THE EXAMINATIONS

The staff had seven weeks from the award of the contract until the date of the administration to secure sites, enlist volunteer proctors, locate 200 subjects, select and print the examination booklets and prepare and print the proctor's manuals for the therapist examination.

The date of administration of the PE presented some problems. The NCE was scheduled to be administered on June 28, 1975. Consideration was given to selecting a date that would not interfere with the candidates' preparation for the NCE or would not be too long afterward. The AOTA Certification Committee members were consulted and assisted the staff in selecting June 21, 1975--one week prior to the administration of the NCE. The committee members felt that this would not give some candidates an unfair advantage since all NCE candidates would be invited to take the PE.

Many candidates complained about giving up their last free weekend of studying (for the NCE) because of the PE. Therefore, the staff decided to change the sequence of examinations so that in January the PE was

given on the same day but immediately after the NCE was administered. The relative proportion of students volunteering, showing up, and completing the PE did not differ as a result of the change in sequence. This led the staff to conclude that some type of incentive to secure a larger sample must be considered. It is recommended that for future experimental administrations, subjects should be paid an honorarium.

Occupational therapy faculty members were asked to voluntarily proctor the examination in June 1975. This was viewed as an imposition and while many did complete the job, several informed the staff that they would not agree to proctor during subsequent administrations. The Advisory Committee recommended that the contract be amended so that proctors can be paid. This was approved and all proctors were paid an honorarium for the second administration of both levels of the PE.

The staff had several months to plan for administration of the assistant level examinations. It was fairly easy to enlist proctors and sites because the program directors were able to select dates when students would be on campus. In fact, many directors helped the project by requiring their students to participate. The two-part 500-item examination was too long for a one-day session, although in some instances that was necessary.

The second administration for the assistant level examination was without problems. There was just one 250-item examination administered, and proctors were paid.

FIELD WORK INSTRUMENTS

The only problem encountered with the Qualitative Assessment of Field Work Competency (QAFWC) was that of time. The instrument needed to be developed and distributed within seven weeks. This resulted in a smaller than desirable sample size. Many of the subjects had finished their field work by the time it was completed.

The employer's rating form presented the greatest problem. Subjects' interest in the project may have waned, and it was difficult to locate them after they left the academic programs. Only 57 of the 123 subjects who wrote the PE gave the staff the name and address of their employer and only 30 of the 57 employers completed the form. It was, therefore, impossible to conduct the follow-up study.

The project was originally planned for a thirteen-month period. This had to be extended for an additional three months because the second administrative period of the assistant level PE needed to run through the thirteenth month to obtain the desired sample size. The data was collected and analyzed during the fourteenth month.

RESULTS

THERAPIST LEVEL

GENERAL DESCRIPTIVE DATA

Tables 1 and 2 show the performance of OTs on the Proficiency Examination (PE), the National Certification Examination (NCE), the Qualitative Assessment of Field Work Competency (QAFWC), and the Field Work Performance Report (FWPR). For the Proficiency Examination, on the average, 75.14% of the items were answered correctly by the 123 candidates during the June 1975 test administration while 72.65% of the items were answered correctly by the 117 candidates sitting for the January 1976 test administration.

Among the sample of 123 candidates tested during June 1975, 120 of these also sat for the NCE. The average percent score for this group on the NCE was 69.06. To check the representativeness of the OT candidate volunteers, the score performance of this study population and the total number (N=768) of candidates taking the NCE were compared. The average percent score for the 768 candidates taking the NCE was found to be 67.28. Nonsignificant differences were found between the study volunteers and entry-level OTs for both the total and subarea scores. Inter-item consistency reliability coefficients (KR-20) were found to be .87 for the PE (N=123) and .88 for the NCE (N=768).

Table 1

Descriptive Data Summary: Proficiency Examination Performance of Occupational Therapists

Proficiency Examination	250-item (N=123)				150-item (N=117)			
	Maximum Score	Mean	Standard Deviation	Percent Correct	Maximum Score	Mean	Standard Deviation	Percent Correct
Self Care	34	26.19	2.85	77.02	18	13.32	1.79	74.00
Work	32	24.02	2.77	75.08	18	13.54	2.07	75.22
Play/Leisure	20	14.20	2.23	70.98	11	7.68	1.36	69.82
Motor Functioning	50	37.69	4.79	75.38	29	21.72	3.31	74.90
Sensory-Integrative Functioning	32	25.85	3.30	80.77	20	15.53	2.28	77.65
Cognitive Functioning	20	14.59	2.75	72.97	12	8.90	1.69	74.17
Psychological Functioning	33	24.07	3.34	72.95	20	13.91	2.37	69.55
Social Functioning	20	14.42	2.36	72.11	12	8.50	1.81	70.83
Life Space	9	6.81	1.53	75.70	10	6.63	1.85	66.30
Total	250	187.76	17.24	75.14	150	108.97	13.48	72.65
Evaluation	77	58.79	6.19	76.35	53	38.71	5.86	73.04
Planning	49	37.46	4.25	76.45	46	32.84	5.09	71.39
Implementation	124	91.52	8.91	73.81	51	36.73	5.07	72.02

Table 2

Descriptive Data Summary: National Certification Examination, Qualitative Assessment of Field Work Competency, and FWPR.

Instrument	Maximum Score	Mean	Standard Deviation	Percent Correct
National Certification Examination (N=120)				
Biological Sciences	32	21.05	3.96	65.78
Behavioral Sciences	33	24.29	4.06	73.61
Clinical Medical-Surgical	13	8.59	2.12	66.08
Clinical Neurology	17	12.10	2.46	71.18
Clinical Orthopedics	18	9.95	2.47	55.27
Clinical Psychiatry	27	19.16	3.51	70.96
O.T. Medical-Surgical	18	13.48	2.16	74.89
O.T. Neurology	25	18.54	2.46	74.16
O.T. Orthopedics	25	15.76	2.63	63.04
O.T. Psychiatry	42	29.72	4.08	70.76
Total	250	172.64	19.66	69.06
Qualitative Assessment of Field Work Competency (N=138)				
Evaluation	20	15.32 (3.83)	2.69	
Treatment Planning	10	7.84 (3.92)	1.54	
Treatment Implementation	25	20.10 (4.02)	3.56	
Personal Characteristics	12	10.08 (4.20)	2.07	
Total	67	58.21	10:51	
Field Work Performance Report (N=145)				
Data Gathering	28	25.58 (3.65)	2.58	
Treatment Planning	24	21.16 (3.53)	2.61	
Treatment Implementation	80	71.77 (3.59)	6.91	
Communication Skills	28	25.47 (3.64)	2.55	
Professional Characteristics	56	49.57 (3.54)	5.31	
Total	216	193.55	17.92	

Tables 3 and 4 report the intercorrelations among the subareas of the PE and NCE[1]. Significant moderate correlations were generally found among the subareas within each examination.

Table 5 reports the intercorrelations between the subareas of the NCE and the subareas of the PE. With the exception of the Life Space and Play/Leisure subareas of the PE and the Clinical Orthopedics subarea of the NCE, significant moderate correlations were found between the two tests. The total scores correlation was found to be .61 ($p > .001$) indicating that the two measures share approximately 37% of common variance.

The intercorrelations between the QAFWC and FWPR are reported in Table 6. Again, significant moderate correlations have been found between these two field work measures suggesting that there is probably a relationship between the frequency of field work performance as measured by the FWPR and the more qualitative aspects of such performance measured by the QAFWC. However, these correlations are likely to be spuriously high since the same rater used both instruments for each subject. Further analysis should be performed by having independent rathers for each instrument and sets of raters for each subject. This would enable the test user to have available the necessary inter-rater reliability data.

[1] The sample size of 204 for Table 3 was achieved by standardizing the raw scores for both the 250-item and 150-item PE and then combining before analyzing the data. Unless specified, all correlations in this report are product moment correlations

Table 3

Intercorrelations Among Subareas
of the
Proficiency Examination for Entry Level Occupational Therapists

(N=204)

Subareas	Self Care	Work	Play/ Leisure	Motor Functioning	Sensory Integrative Functioning	Cognitive Functioning	Psychological Functioning	Social Functioning	Life Space
Self Care	---								
Work	.31***	---							
Play/Leisure	.04	.11	---						
Motor Functioning	.39***	.40***	.24***	---					
Sensory-Integrative Functioning	.34***	.43***	.28***	.58***	---				
Cognitive Functioning	.12*	.29***	.35***	.43***	.48***	---			
Psychological Functioning	.28***	.38***	.31***	.57***	.46***	.39***	---		
Social Functioning	.31***	.32***	.27***	.46***	.42***	.38***	.39***	---	
Life Space	.25***	.28***	.15*	.33***	.29***	.31***	.38***	.37***	---
Total	.53***	.61***	.43***	.82***	.76***	.63***	.74***	.66***	.53***

* $p < .05$
** $p < .01$
*** $p < .001$

Table 4

Intercorrelations Among Subareas of the National Certification Examination

(N=120)

Subareas	Biological Sciences	Behavioral Sciences	Clinical Medical-Surgical	Clinical Neurology	Clinical Orthopedics	Clinical Psychiatry	OT Medical-surgical	OT Neurology	OT Orthopedics	OT Psychiatry
Biological Sciences	---									
Behavioral Sciences	.41***	---								
Clinical Medical-surgical	.52***	.37***	---							
Clinical Neurology	.53***	.38***	.37***	---						
Clinical Orthopedics	.42***	.19*	.26**	.39***	---					
Clinical Psychiatry	.37***	.61***	.38***	.37***	.25**	---				
OT Medical-surgical	.35***	.44***	.31***	.20*	.17*	.25**	---			
OT Neurology	.36***	.30***	.31***	.40***	.25**	.22**	.25**	---		
OT Orthopedics	.49***	.34***	.28***	.35***	.20*	.27***	.32***	.25**	---	
OT Psychiatry	.40***	.66***	.39***	.33***	.15*	.48***	.42***	.31***	.33***	---
Total	.75***	.76***	.61***	.66***	.48***	.69***	.56***	.54***	.57***	.73***

* p < .05
** p < .01
*** p < .001

Table 5

Intercorrelations Between the Subareas of the National Certification Examination and the Subareas of the Proficiency Examination (N=120)

National Certification Examination	Proficiency Examination									
	Self Care	Work	Play Leisure	Motor Function	Sensory Integrative Function	Cognitive Function	Psychological Function	Social Function	Life Space	Totals
Biological Sciences	.31***	.32***	-.10	.46***	.47***	.28***	.23**	.25**	.08	.44***
Behavioral Sciences	.42***	.41***	.08	.42***	.40***	.40***	.56***	.30***	.19*	.57***
Clinical Medical-Surgical	.14	.10	-.07	.26**	.22**	.13	.23**	.14	-.06	.22**
Clinical Neurology	.22**	.25**	-.09	.37***	.27**	.29***	.20*	.13	-.05	.32***
Clinical Orthopedics	.10	.14	-.10	.12	.18*	.13	.06	.13	.01	.14
Clinical Psychiatry	.27***	.32***	.00	.31***	.37***	.33***	.40***	.23**	.16*	.43***
O.T. Medical Surgical	.40***	.34***	.05	.41***	.40***	.27***	.34***	.46***	.16*	.50***
O.T. Neurology	.24**	.26**	-.01	.27***	.27**	.28***	.20*	.15	-.03	.31***
O.T. Orthopedics	.37***	.25**	.08	.31***	.31***	.20*	.23**	.16*	.03	.36***
O.T. Psychiatry	.33***	.44***	.06	.39***	.37***	.32***	.48***	.22**	.16*	.50***
Totals	.44***	.46***	-.01	.53***	.52***	.42***	.48***	.34***	.12	.61***

* $p < .05$
** $p < .01$
*** $p < .001$

Table 6

Intercorrelations between the Qualitative Assessment of Field Work Competency and the Field Work Performance Report (FWPR)

(N=116)

Qualitative Assessment of Field Work Competency Subareas	Field Work Performance Report					
	Data Gathering	Treatment Planning	Treatment Implementation	Communication Skills	Professional Characteristics	Total FWPR
Evaluation	.41***	.42***	.36***	.48***	.50***	.47***
Treatment Planning	.37***	.55***	.45***	.46***	.56***	.54***
Treatment Implementation	.39***	.51***	.42***	.42***	.51***	.50***
Personal Characteristics	.29***	.47***	.35***	.38***	.42***	.43***
Total	.43***	.52***	.46***	.49***	.54***	.54***

* $p < .05$
** $p < .01$
*** $p < .001$

Nonsignificant correlations were predominately found between both field work instruments and the PE (see Tables 7 and 8). Even by delineating the three process categories (Evaluation, Planning, and Implementation) of the PE, no important significant findings were yielded (see Table 9)..

Some interesting findings can be observed between the NCE and the field work measures (see Tables 10 and 11). Specifically, the NCE showed a nonsignificant correlation ($r=.18$, N.S.) with the commonly used FWPR, but, a small significant correlation with the QAFWC ($r=.28$, $p>.05$). A striking finding was that the OT orthopedics subarea of the NCE was found to have a moderately strong relationship ($r=.57$, $p>.001$) with the QAFWC.

FACTOR ANALYSIS OF THE PE AND THE NCE

According to the present investigation's scope of work, it was further suggested that factor analytic methods be used in the data analysis process. The purpose behind their use was: a) to determine whether some underlying pattern of relationships or clusters exist such that the data could be rearranged and reduced into a set of factors that accounted for an appreciable amount of the observed interrelations in the data, and, b) to compare the empirical findings from the factor analysis to the original test blueprints of both the PE and the NCE.

The type of factor analysis performed in the present study consisted of a principal components analysis with varimax rotation of the subarea

Table 7

Intercorrelations Between the Qualitative Assessment of Field Work Competency
and the
Proficiency Examination for Entry Level Occupational Therapists

(N=138)

Qualitative Assessment of Field Work Competency	Proficiency Examination for Entry Level Occupational Therapists									
Subareas	Self Care	Work	Play/ Leisure	Motor Functioning	Sensory Integrative Functioning	Cognitive Functioning	Psychological Functioning	Social Functioning	Life Space	Total
Evaluation	.10	.16*	.02	.03	.12	.02	.01	.07	.07	.11
Treatment Planning	.12	.16*	.07	.09	.11	.04	.06	.01	.09	.14
Treatment Implementation	.17*	.15*	-.03	.13	.12	.05	.02	.08	.10	.15*
Personal Characteristics	.07	-.04	.01	.03	.02	.05	-.09	-.07	.01	.00
Total	.15*	.10	.03	.10	.09	.00	.01	.06	.10	.13

* $p < .05$
** $p < .01$

Table 8

Intercorrelations Between the Field Work Performance Report (FWPR)
and the
Proficiency Examination for Entry Level Occupational Therapists

(N=145)

Field Work Performance Report Subareas	Proficiency Examination for Entry Level Occupational Therapists									
	Self Care	Work	Play/ Leisure	Motor Functioning	Sensory Integrative Functioning	Cognitive Functioning	Psychological Functioning	Social Functioning	Life Space	Total
Data Gathering	.08	.08	.07	.10	.16*	.09	.01	.17*	.17*	.16*
Treatment Planning	.14*	.12	.17*	.03	.14	.06	-.06	.10	.13	.13
Treatment Implementation	.10	.01	.06	-.03	.10	.02	-.12	.02	.12	.03
Communication Skills	.05	.02	.10	-.01	.09	.04	-.14	.04	.07	.03
Professional Characteristics	.12	.04	.09	.00	.10	-.02	-.09	.01	.08	.05
Total	.11	.05	.10	.00	.13	.03	-.10	.05	.12	.07

* $p < .05$
** $p < .01$
*** $p < .001$

Table 9

Intercorrelations between the Qualitative Assessment of Field Work Competency and the Field Work Performance Report (FWPR), as a function of the three process categories of the Proficiency Examination.

	Proficiency Examination		
	Evaluation	Planning	Implementation
Qualitative Assessment of Field Work Competency (N=138)			
Evaluation	.10	.05	.10
Treatment Planning	.12	.11	.13
Treatment Implementation	.15*	.13	.13
Personal Characteristics	.02	-.04	.02
Total	.13	.11	.10
Field Work Performance Report (N=145)			
Data Gathering	.13	.18*	.13
Treatment Planning	.12	.16*	.11
Treatment Implementation	-.01	.11	.01
Communication Skills	.02	.05	.02
Professional Characteristics	.1	.09	.04
Total	.04	.12	.05

* $p < .05$

Table [illegible]

[illegible] Qualitative Assessment of Field Work Competence and the National Certification Examination

(N=[illegible])[a]

Qualitative Assessment of Field Work Competence	[illegible] Biological Sciences	[illegible] Social Sciences	Clinical Medical-Surgical	Clinical Neurology	Clinical Orthopedics	Clinical Psych.	O.T. Medical-Surgical	O.T. Neurology	O.T. Orthopedics	O.T. Psych.	Total
	National Certification Examination										
Evaluation	.05	[illegible]	.04	.17	.15	-.04	.30*	[illegible]	.51***	[illegible]	.29*
Treatment Planning	.22*	.16	.17	.21	.27*	.07	.30*	.10	.57***	.11	.33***
Treatment Implementation	.21	.16	[illegible]	.24	.21	-.07	.25*	.09	.56***	.11	.29*
Personal Characteristics	.23	.05	[illegible]	.18	.19	-.06	.14	.05	.44***	.01	[illegible]
Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	.04	[illegible]*	[illegible]	[illegible]***	.05	.28*

[a] Significance levels have been adjusted for sample size.

* p < .05
** p < .01
*** p < .001

Table 11

Intercorrelations between Field Work Performance Report and the National Certification Examination

Field Work Performance Scales	National Certification Examination											
	Biological Sciences	Behavioral Sciences	Clinical Medical-Surgical	Clinical Neurology	Clinical Orthopedics	Clinical Psych.	O.T. Medical-Surgical	O.T. Neurology	O.T. Orthopedics	O.T. Psych.	Total	N
Data Gathering	.16	.03	.09	.07	.04	.10	.31**	-.10	.04	.31**	.17	61
Treatment Planning	.17	.02	.08	.24*	.08	.08	.16	-.05	.16	.29*	.19	58
Treatment Implementation	.08	-.09	-.04	.19	.06	.05	.01	-.02	.06	.01	.05	50
Communication Skills	.10	-.05	-.06	.18	.04	.06	.14	-.06	.08	.06	.07	62
Professional Characteristics	.19	-.11	-.00	.20	.04	-.04	.21	.09	.14	.09	.11	44
Total	.20	-.03	.19	.29*	.01	.05	.17	-.04	.24	.19	.18	35

* $p < .05$
** $p < .01$

scores on the PE and NCE. Each factor or component consists of and is defined by those variables loading highest on the factor. Table 12 reports the final factor analytic solution for the PE's nine subareas. Four orthogonal (uncorrelated) factors were extracted accounting for 73% of the total variance. It can be observed by examining the proportion of the total variance accounted for by each specific factor that 42% of the variance was explained by Factor I. These findings suggest that the predominant characteristic of the PE is defined by Factor I.

To identify the nature of each of the factors, one must examine the loadings of each subarea on each factor. These loadings are simply correlations between each subarea and the factor. Below Factor I on Table 12, it can be observed that the subareas of Motor Functioning, Sensory-Integrative Functioning, Cognitive Functioning, and Social Functioning have the highest loadings on that factor, that is these subareas tend to cluster. The Advisory Committee continued to examine the remaining factor loadings on each of the four factors, and attempted to identify the structure of each factor and the total examination. The four factors for the PE were identified and labeled as follows:

Table 12

Rotated Factors (Varimax) for the Proficiency Examination Subareas
(N=123)

Variable	Factor Loadings I	II	III	IV	
Self Care	.43	.44	.33	-.38	
Work	.11	.12	.90	.12	
Play/Leisure	.12	.12	.10	.89	
Motor Functioning	.73	.15	.41	-.10	
Sensory-Integrative Functioning	.62	.11	.56	.07	
Cognitive Functioning	.65	.07	.26	.41	
Psychological Functioning	.41	.47	.27	.32	
Social Functioning	.82	.19	-.09	.12	
Life Space	.10	.90	.06	.09	
Eigenvalue	3.78	1.13	.88	.78	Total Var.
Percent of Total Variance	42.00	12.50	9.70	8.70	73.00

Factor I	Social-Motor Function
Factor II	Life-Space
Factor II	Work
Factor IV	Play/Leisure

It should be pointed out that a number of the subareas showed moderate correlations on more than one factor. For example, the Sensory-Integrative Functioning subarea loaded .62 on Factor I and .56 on Factor III. This subtest would be considered to be "factorially complex" and most likely composed of items that are characteristic of both factors.

Although not shown, the three process categories of Evaluation, Planning, and Implementation, which cut across the nine subareas, were also factor analyzed. These three processes of OT functioning were not independent as indicated by their approximately equal loadings on only one factor. The use of the process categories may have some utility for a test's description and as a classification scheme for delineating OT tasks, but candidates' responses do not show differing patterns.

Table 13 shows the varimax rotated factors for the NCE. The subareas of Behavioral Sciences, Clinical Psychiatry, and OT Psychiatry, compose the "general" factor of the examination with 41.5% of the total variance explained by that factor. The Advisory Committee examined the loading and provided the following interpretive labels for the four orthogonal factors.

Table 13

Rotated Factors (Varimax) for the National Certification Examination Subareas
(N=120)

Variable	Factor Loadings I	II	III	IV	
Biological Sciences	.24	.67	.37	.17	
Behavioral Sciences	.82	.15	.29	.14	
Clinical Medical-Surgical	.29	.53	.31	.08	
Clinical Neurology	.27	.65	.08	.37	
Clinical Orthopedics	.01	.80	.02	.04	
Clinical Psychiatry	.82	.34	.00	-.05	
O.T. Medical Surgical	.26	.02	.78	.12	
O.T. Neurology	.13	.22	.13	.92	
O.T. Orthopedics	.10	.30	.71	.05	
O.T. Psychiatry	.74	.04	.33	.25	
Eigenvalue	4.15	1.19	.85	.76	Total Var.
Percent of Total Variance	41.50	11.90	8.50	7.60	69.40

National Certification Examination

Factor I	Behavioral Sciences/Clinical Psychology
Factor II	Orthopedics
Factor III	Medical/Surgical
Factor IV	OT Neurology

Comparing the PE with the NCE, six out of nine subareas (representing 189 items) of the PE had moderate to high loadings on the first general factor, while only three out of ten of the subareas of the NCE (representing 102 items) loaded substantially on the first factor.

A factor analysis of the combined subareas of the PE and NCE was performed to provide a general description of the field of occupational therapy. Four factors were generated again since factoring beyond this point did not yield factors with any appreciable amount of explained variance. Table 14 shows that Factor I was composed of those subareas which also load highly on Factor I of the PE (Table 12). The OT Medical/Surgical subarea of the NCE was the only subarea to load moderately on this first factor. The first factor that emerged (Table 13) for the NCE is shown under Factor III and is accompanied by the moderate loading of the Psychological Functioning subarea of the PE. We may conclude from this, that the general factor of the PE is explaining a greater proportion of the combined test variance than is the first factor of the NCE.

Table 14

Rotated Factors (Varimax) for the National Certification and the Proficiency Examination Subareas Combined (N=120)

Variable	Factor Loadings I	II	III	IV	
Biological Sciences	.32	.72	.22	-.05	
Behavioral Sciences	.27	.23	.80	.09	
Clinical Medical-Surgical	.02	.56	.38	-.11	
Clinical Neurology	05	.74	.24	.06	
Clinical Orthopedics	.05	.67	-.02	-.02	
Clinical Psychiatry	.10	.29	.70	.07	
O.T. Medical Surgical	.60	.21	.29	-.07	
O.T. Neurology	.09	.58	.17	.15	
O.T. Orthopedics	.28	.40	.30	-.05	
O.T. Psychiatry	.22	.21	.76	.06	
Self care	.69	.10	.29	-.19	
Work	.35	.19	.37	.29	
Play/Leisure	.01	-.18	.09	.82	
Motor Functioning	.67	.32	.20	.22	
Sensory-Integrative Functioning	.63	.32	.18	.37	
Cognitive Functioning	.40	.27	.15	.66	
Psychological Functioning	.36	-.02	.60	.38	
Social Functioning	.67	.11	.03	.28	
Life Space	.55	-.27	.15	.15	
Eigenvalue	6.40	2.07	1.15	1.09	Total Variance:
Percent of total variance	33.70	10.90	6.10	5.80	56.50

FIELD WORK PERFORMANCE ACROSS DIFFERENT SETTINGS

The Advisory Committee recommended that candidates' QAFWC and FWPR scores be compared across the psychiatric and physical disability settings. Scores from 56 candidates on the QAFWC and 53 candidates on the FWPR were obtained for each student under each setting. With the exception of the Data Gathering subarea of the FWPR, the within subject analysis of variance reported in Table 15 did not yield any significant differences in the performance on either instrument across their two settings.

RELATIONSHIP BETWEEN GRADE POINT AVERAGE AND THE PE, QAFWC, AND FWPR

Curriculum directors were asked, based upon the Advisory Committee's recommendation, to provide the Grade Point Averages (GPA) for those candidates who volunteered for the January testing of the PE. This measure of academic achievement was then correlated with the PE, the QAFWC, and the FWPR. Table 16 reports that four of the subareas of the PE and two subareas and total scores of the QAFWC showed significant correlations with GPA. The FWPR did not show any significant relationship with GPA.

ASSISTANT LEVEL

GENERAL DESCRIPTIVE DATA

A total of 169 subjects completed the occupational therapy assistant level form of the PE. Descriptive summary data is reported in Table 17.

Table [illegible]

[illegible] Score Performance by Field Work Setting at the [illegible] Level

Qualitative Evaluation of Field Work Competencies (N=[illegible])	Field Work Setting: Psychiatric Mean	Psychiatric S.D.	Physical Disabilities Mean	Physical Disabilities S.D.	[illegible]
Evaluation	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Treatment Planning	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Treatment Implementation	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Personal Characteristics	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Total Qualitative	[illegible]	[illegible]	[illegible]	[illegible]	n.s.

Field Work Performance Rating (N=[illegible])	Psychiatric Mean	Psychiatric S.D.	Physical Disabilities Mean	Physical Disabilities S.D.	[illegible]
Data Gathering	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]**
Treatment Planning	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Treatment Implementation	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
[illegible] & Skills	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Professional Characteristics	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	n.s.
Total [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

** [illegible]

Table 1b

Correlation Between Grade Point Average and Scores on Proficiency Examination, Qualitative Assessment of Field Work, and Field Work Performance Report

Instrument	Grade Point Average
Proficiency Examination (N=43)	
Self Care	[illegible]
Work	[illegible]*
Play/Leisure	[illegible]
Motor Functioning	.46**
Sensory-Integrative Functioning	.33*
Cognitive Functioning	[illegible]
Psychological Functioning	.36**
Social Functioning	[illegible]
Life Space	[illegible]
Total	[illegible]
Qualitative Assessment of Field Work (N=43)	
Evaluation	[illegible]*
Treatment Planning	[illegible]
Treatment Implementation	[illegible]*
Personal Characteristics	[illegible]
Total	[illegible]*
Field Work Performance Report (N=4[illegible])	
Data Gathering	[illegible]
Treatment Planning	[illegible]
Treatment Implementation	[illegible]
Communication Skills	[illegible]
Professional Characteristics	[illegible]
Total	[illegible]

* [illegible]
** [illegible]
*** [illegible]

An average of 72.88% of the items were correctly answered by this population. The most difficult subarea of the PE was Psychological Functioning (67.09%), and the least difficult was Self Care (76.99%). The Kuder/Richardson 20 reliability for the PE was calculated and found to be .87.

Out of the 178 OTAs tested during the second test administration, 140 OTAs had matched scores on the Qualitative Assessment of Field Work Performance (QAFWP). Table 18 reports the intercorrelations between the QAFWP and the assistant level PE. Low-order significant correlations are noted between the Treatment Planning and Treatment Implementation subareas of the QAFWP and the work subtest, Play/Leisure subtest, and total scores of the assistant level PE. The Evaluation Process subarea of the PE showed overall low-order significant correlation with the QAFWP.

FACTOR ANALYSIS OF THE ASSISTANT LEVEL PROFICIENCY EXAMINATION

Principal components factor analysis with varimax rotation was performed on the subareas of the assistant level PE (Table 19). Four factors were generated accounting for 71.50% of the total variance. A heavy factor loading (.96) was found for the Motor Functioning subarea of the PE on factor 1. Although a number of the subtests on the PE loaded on more than one factor, the following interpretive labels were assigned to the four factors by the Advisory Committee.

Table 17

Descriptive Data Summary

Occupational Therapy Assistant Proficiency Examination
(N=369)

OTA Proficiency Examination	Maximum Score	Range	Average Raw Scores	Percent Correct	Standard Deviation
Total	250	121-224	182.19	72.88	17.43
Self Care	73	44-69	56.20	76.99	5.06
Work	74	27-65	[illegible]	76.22	6.00
Play/Leisure	49	19-45	36.[illegible]	74.47	4.59
Motor Functioning	13	2-13	[illegible]	68.64	2.04
Cognitive Functioning	11	3-11	[illegible]	68.35	1.66
Psychological Functioning	15	3-21	[illegible]	67.07	1.59
Social Functioning	13	3-12	[illegible]	72.15	[illegible]
Life Space	6	1-6	4.36	72.67	1.33
Evaluation	52		38.07	73.21	4.67
Planning	24		17.33	71.38	[illegible]
Implementation	174		125.31	73.11	12.[illegible]

Table 18

Intercorrelations Between the Qualitative Assessment for OCAT and the Proficiency Examination for Entry Level Occupational Therapist Assistants (N=140)

Qualitative Subarea	Proficiency Examination for Entry Level Occupational Therapist Assistants											
	Self Care	Work	Play/ Leisure	Motor Functioning	Cognitive Functioning	Psychological Functioning	Social Functioning	Life Space	Total	Evaluation	Planning	Implementation
Evaluation	.07	.13	.14	.10	.02	.08	.04	.01	12	.19*	.05	.09
Treatment Planning	.10	.23**	.18*	.1	.14	.13	.09	.14	.21**	.23**	.12	.18*
Treatment Implementation	.09	.21**	.14*	.15*	.11	.06	.04	.13	.19*	.22**	.06	.17*
Role Expectations	.06	.07	.13	-.01	.12	.04	.12	0.00	.07	.15*	.01	.04
Total	.07	.12	.12	.03	.01	.05	.1	.01	.10	.17*	.01	.07

* p < .05
** p < .01

Table 19

Rotated Factors (Varimax) for the OTA Proficiency Examination Subareas
(N=369)

Variable	Factor Loadings I	II	III	IV
Self Care	.61	.08	.54	.14
Work	.51	.30	.54	.12
Play/Leisure	.43	.46	.45	.11
Motor Functioning	.86	.12	.04	.05
Cognitive Functioning	.08	.14	.80	.18
Psychological Functioning	-.03	.73	.47	-.03
Social Functioning	.36	.73	.04	.33
Life Space	.09	.14	.29	.93
Eigenvalue	3.56	.86	.77	.67
Percent of Total Variance	44.50	10.80	9.70	8.40

Total Variance = 73.50

Factor I	Motor Functioning
Factor II	Psycho-Social Functioning
Factor III	Cognitive Functioning
Factor IV	Life Space

THE COMPARATIVE SCORE PERFORMANCE BETWEEN OTs AND OTAs ON THE THERAPIST LEVEL PROFICIENCY EXAMINATION

123 therapist level scores and 119 assistant level scores were obtained from OTA candidates writing the therapist level PE. Table 20 reports the comparative performance between these two groups for total and sub-area scores of the therapist level PE. Table 21 reports a discriminant analysis of the same two examinations. Frequency distributions of the scores obtained from each group are also provided in Figures 1 through 10.

The general finding was that OTs performed significantly higher than OTAs on the therapist level PE. It was also observed that the therapist total score distribution was negatively skewed and leptokurtic (see Figure 1). The skewness of the distribution is predominantly a function of a difficulty of test items while the leptokurtic shape is due primarily to the reduced variance of the set of scores. This type of distribution is often cited to be a characteristic of the criterion-referenced test. The steep slope on the accelerating curve is also advantageous when attempting to partition candidates into "mastery" and "non-mastery" categories with little assignment error. The OTAs' scores appear more normally distributed along the total score PE dimension.

Table 20

Descriptive Summary Data:

Comparative Performance of Occupational Therapists and Occupational Therapist Assistant Sample Populations on Form I of the Proficiency Examination for Entry-Level Occupational Therapists

(N(OT's)=121)
(N(OTA's)=119)

Proficiency Examination	Maximum Raw Score	Range		Average Raw Score		Standard Deviation		Average Percent Score	
		OT's	OTA's	OT's	OTA's	OT's	OTA's	OT's	OTA's
Total	250	100 - 212	86 - 210	187.65	152.49	17.16	22.95	75.34	60.99
Self Care	34	17 - 32	13 - [illegible]	25.29	21.97	2.64	3.90	77.02	64.63
Work	32	16 - 29	12 - 29	24.02	21.26	2.75	3.50	[illegible]	66.44
Play/Leisure	27	2 - 19	3 - 18	14.20	12.66	2.23	2.35	70.98	63.28
Motor Functioning	50	19 - 49	11 - [illegible]	37.67	26.44	6.77	6.33	75.38	52.87
Sensory-Integrative Functioning	32	11 - 32	7 - 28	25.95	19.84	3.28	4.47	65.77	62.00
Cognitive Functioning	20	1 - 20	4 - 18	14.59	12.15	2.76	2.95	72.97	60.76
Psychological Functioning	33	13 - 31	8 - 29	24.07	20.51	3.33	3.54	72.95	62.16
Social Functioning	20	7 - 19	3 - 18	14.42	11.87	2.35	2.87	72.11	59.37
Life Space	9	0 - 9	1 - [illegible]	6.83	5.78	1.52	1.71	75.90	64.24

Z- tests (N=240) indicate significant average raw score differences between O.T.'s and O.T.A.'s on all subareas and total scores.

Table [illegible]

Discriminant Analysis Between Entry-Level Occupational Therapists and Occupational Therapist Assistants on the Occupational Therapy Proficiency Examination

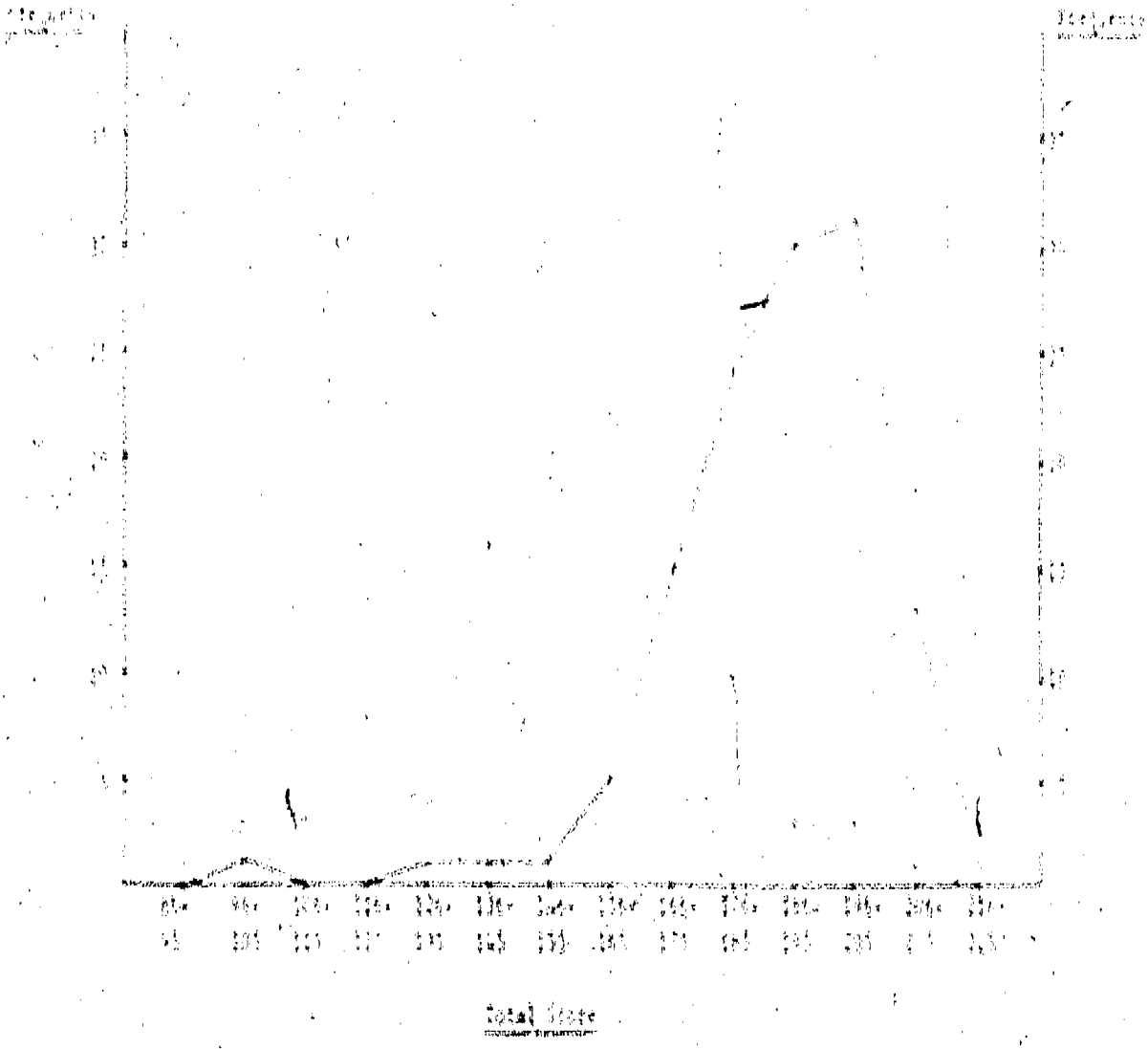
Summary Table

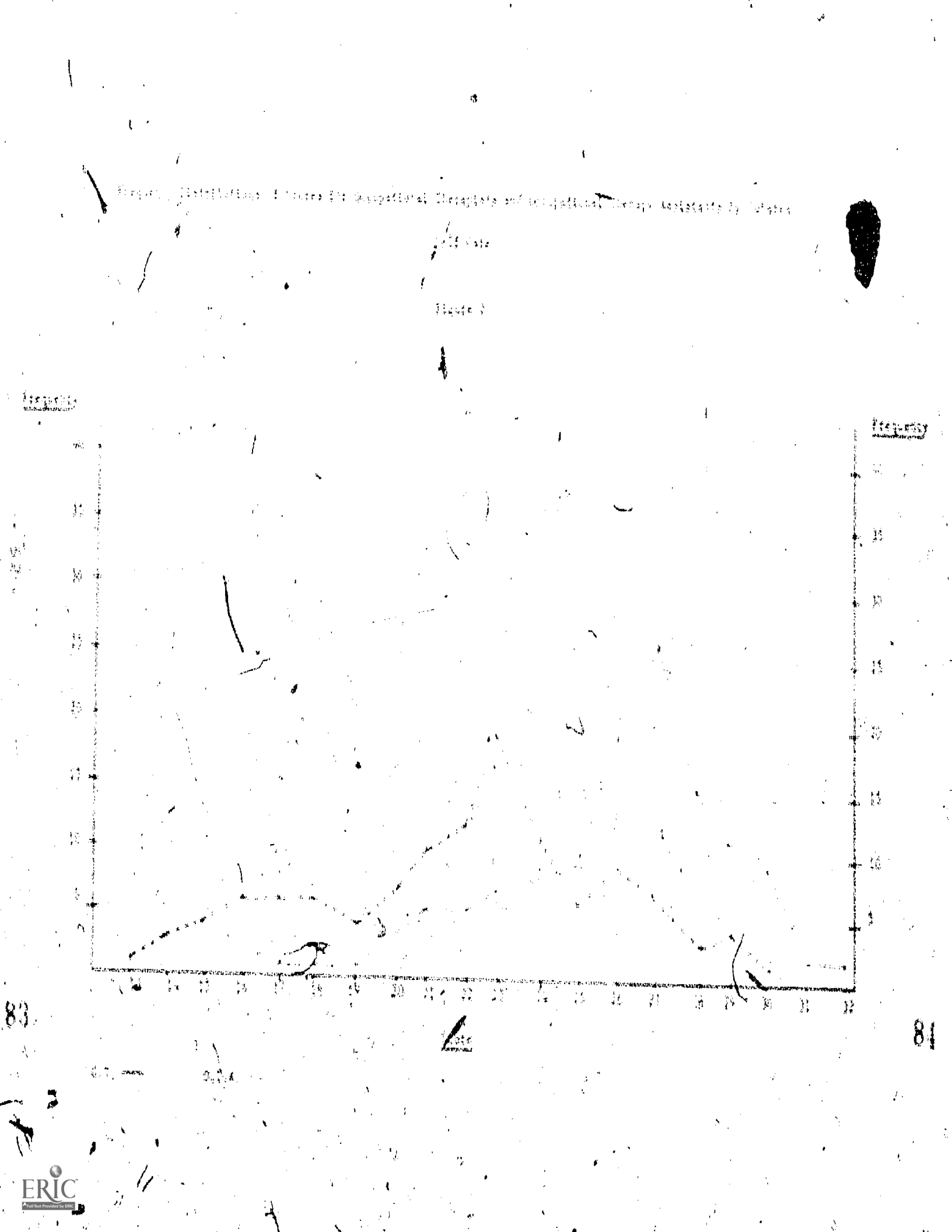
Step Number	Variable	F To Enter Or Remove	Wilks Lambda	Rao's V	Change In Rao's V	Significance Of Change
1	Motor Functioning	253.04146	0.49677	253.04173	253.04173	[illegible]
2	Sensory-Integrative Functioning	4.36691	0.47818	261.80811	8.76637	0.003
3	Cognitive Functioning	7.50956	[illegible]	[illegible]	15.84888	[illegible]
4	Play/Leisure	2.17892	0.46962	[illegible]	4.76514	0.029
5	Psychological Functioning	[illegible]	0.45636	[illegible]	3.76456	0.052
6	Social Functioning	1.90099	0.45399	291.31695	[illegible]	0.037
7	Self Care	1.38940	0.45086	292.45578	1.11479	[illegible]

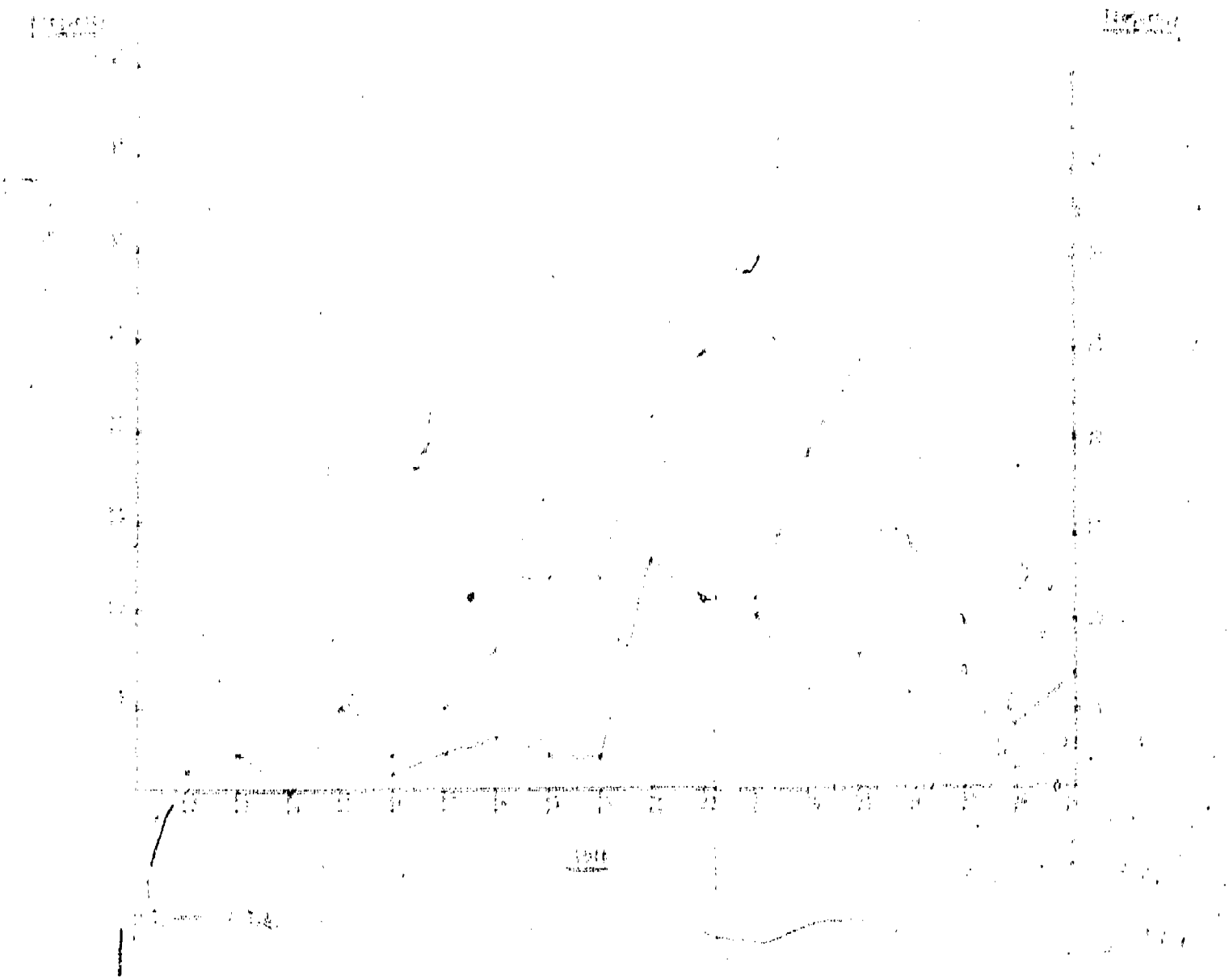
Canonical Correlation	Wilks' Lambda	Chi-Square	Degrees of Freedom
0.741	0.4509	[illegible]	7

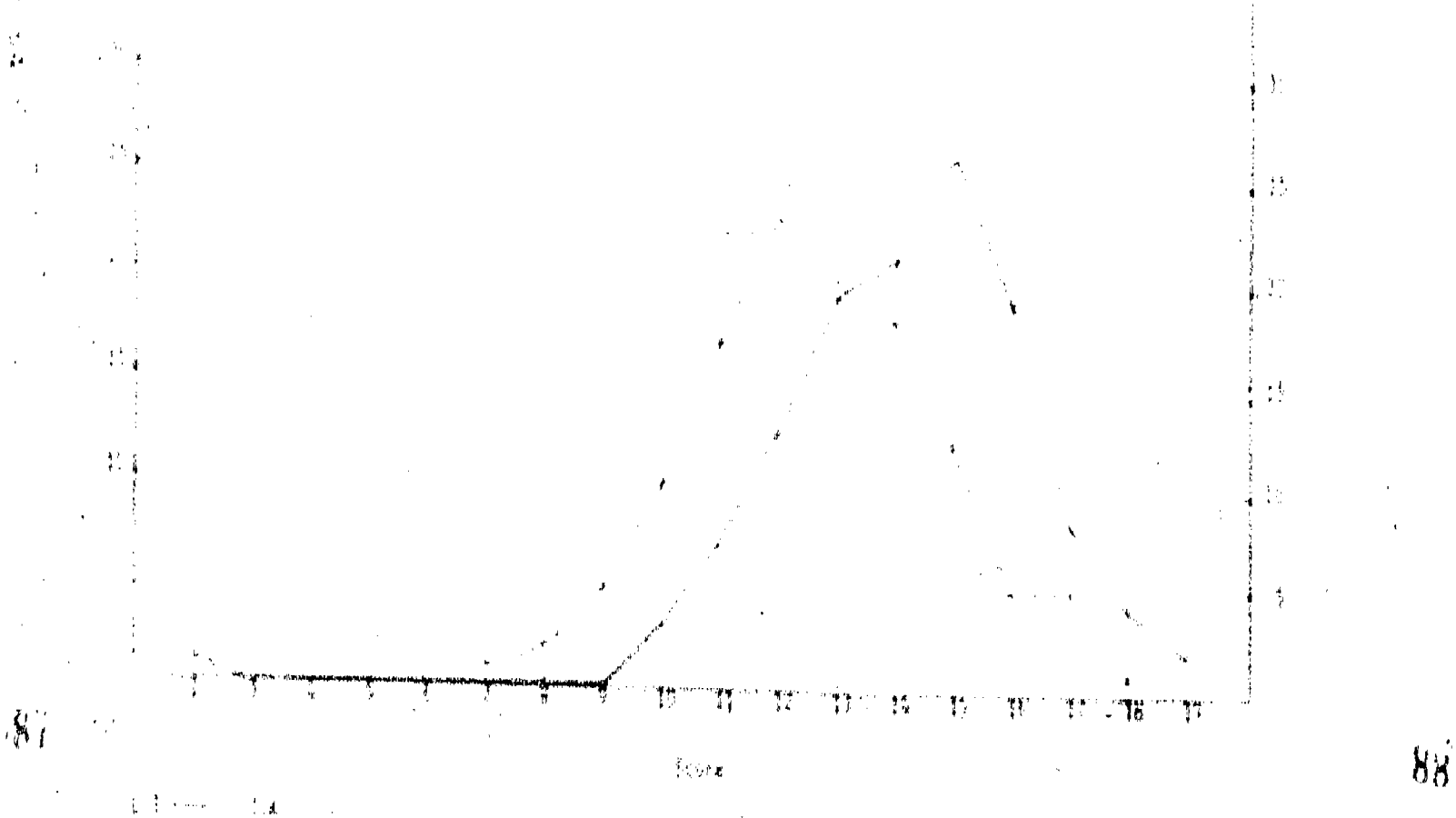
Standardized Discriminant Function Coefficients

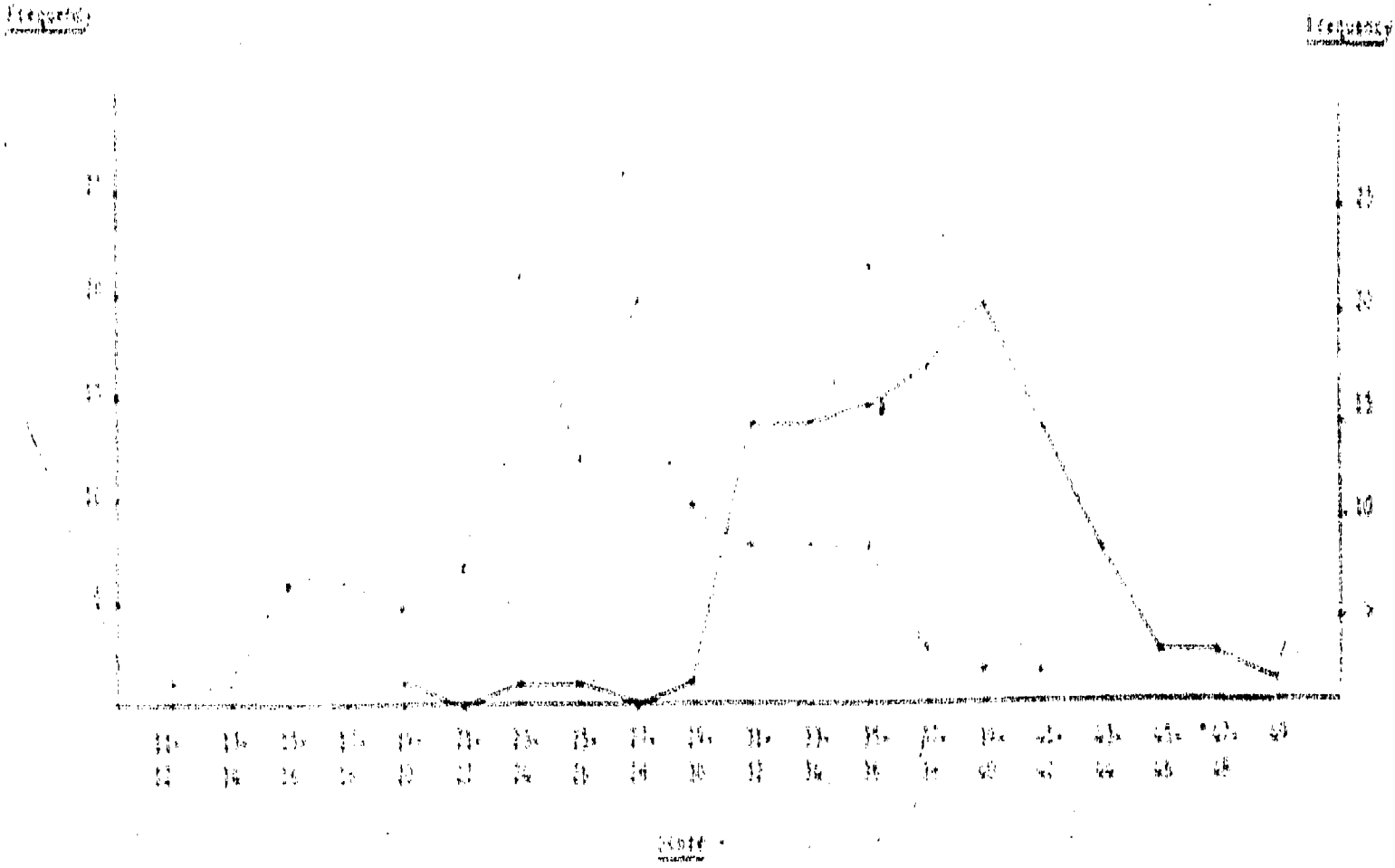
	Function 1
Self Care	0.37619
Play/Leisure	0.30529
Motor Functioning	0.43075
Sensory-Integrative Functioning	0.37218
Cognitive Functioning	-0.26402
Psychological Functioning	-0.13427
Social Functioning	0.30491

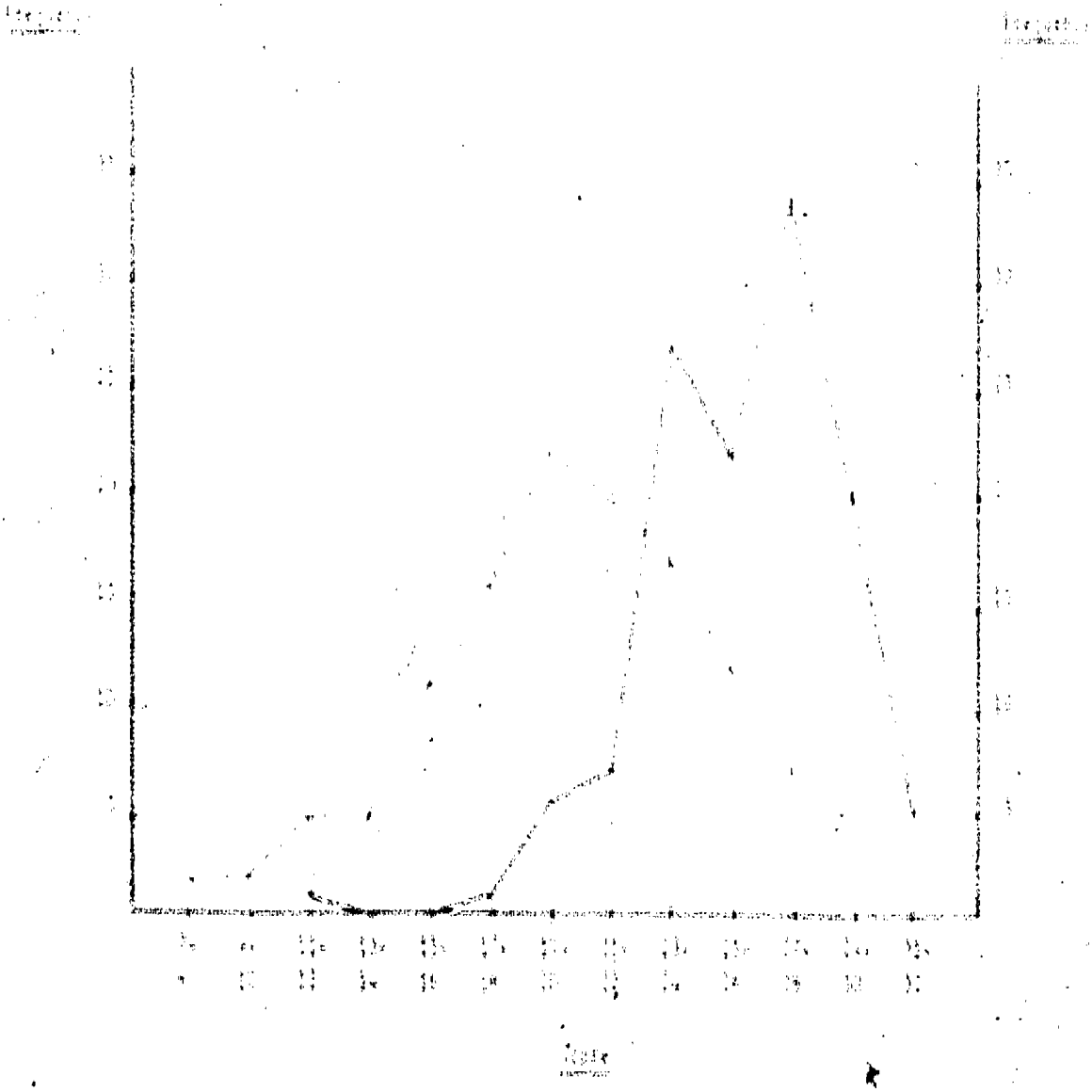


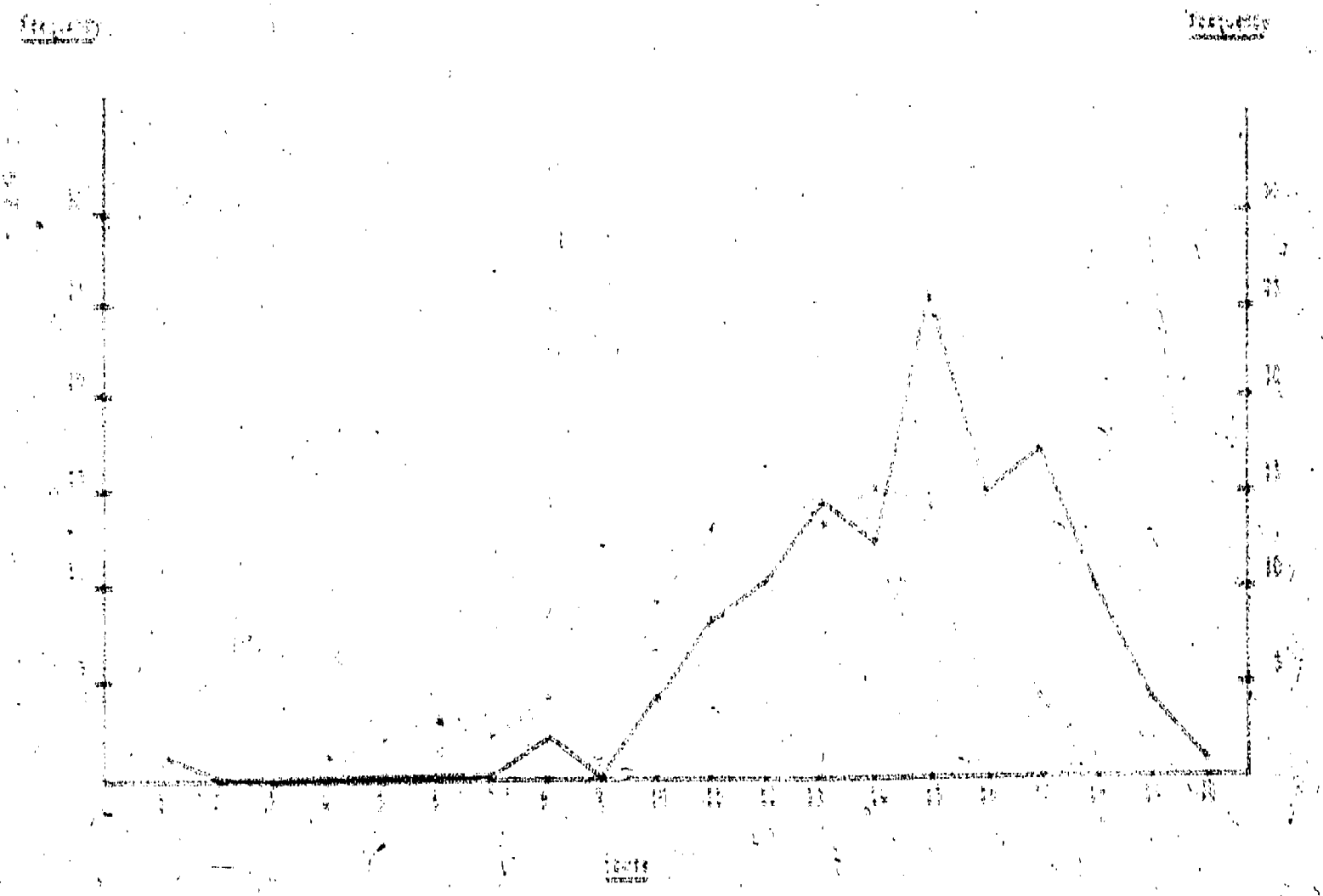








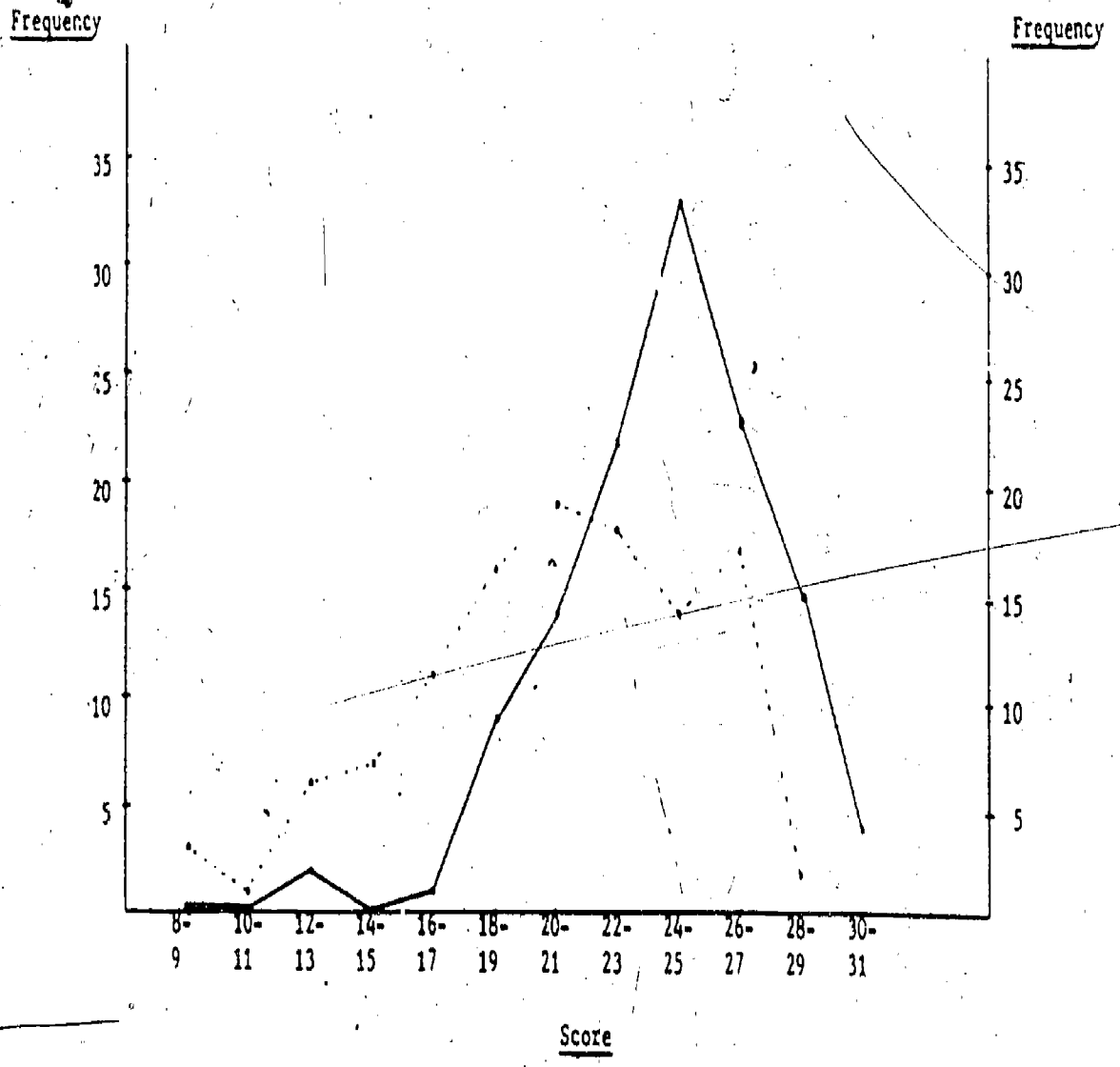




Frequency Distributions of Scores for Occupational Therapists and Occupational Therapy Assistants by Subarea:

Psychological Functioning

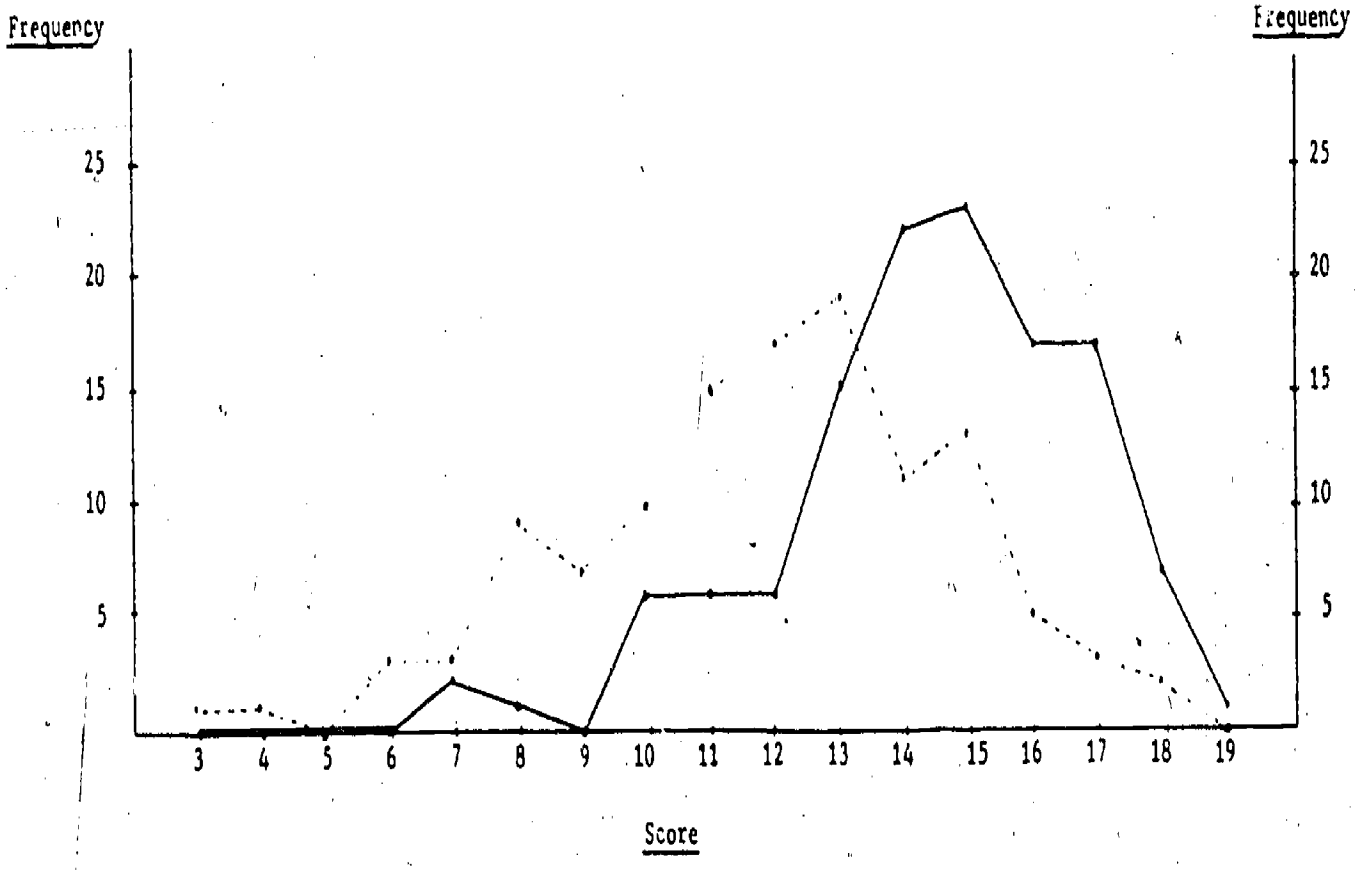
Figure 8



Frequency Distributions of Scores for Occupational Therapists and Occupational Therapy Assistants by Subarea:

Social Functioning

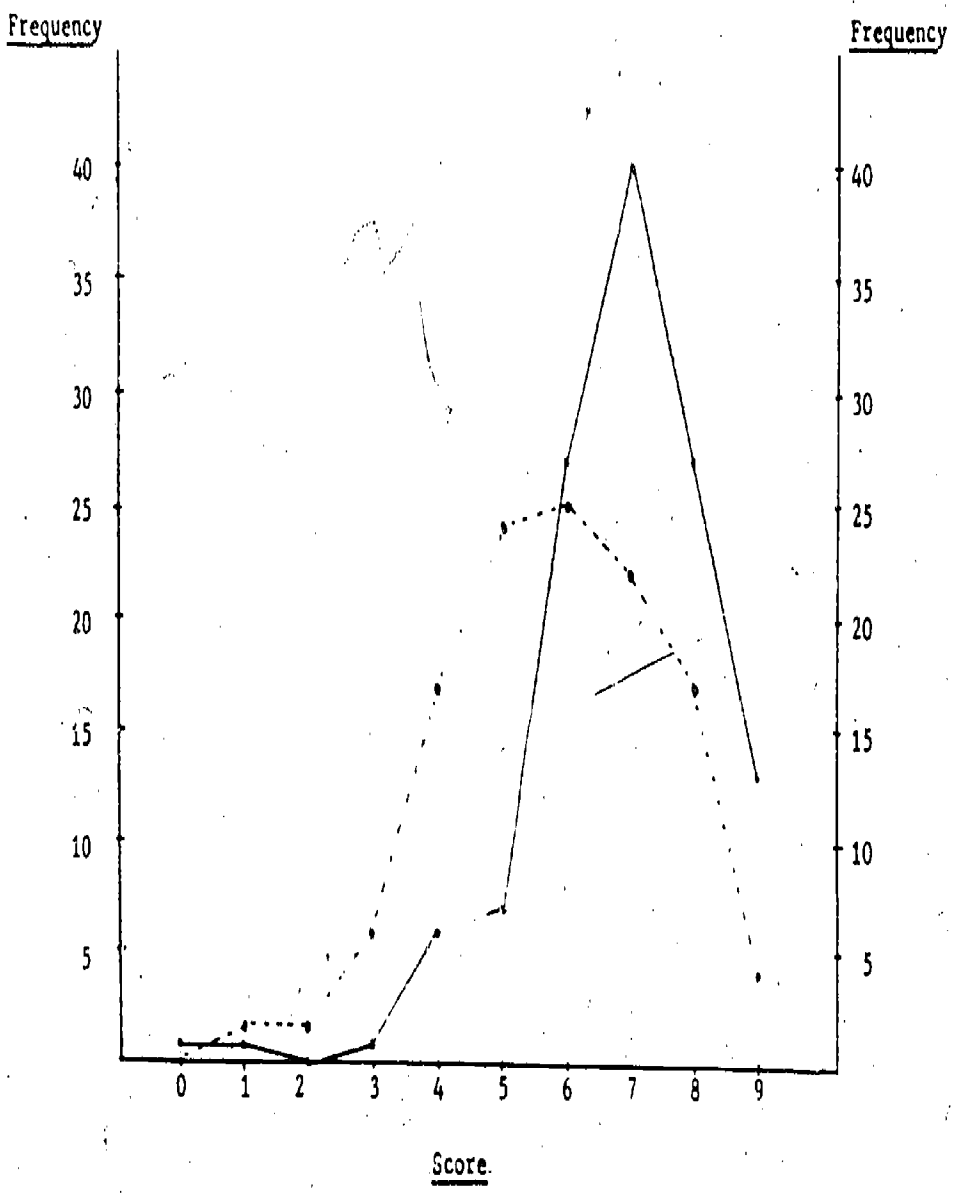
Figure 9



Frequency Distributions of Scores for Occupational Therapists and Occupational Therapy Assistants by Subarea:

Life Space

Figure 10



According to the data presented in Table 3, the various subareas of the PE show significant moderate intercorrelations. Based upon this, it was not surprising to find OTs performing significantly higher than OTAs on all the subtests. Because of this interrelationship, it was decided to explore, through discriminate analysis, which particular subtests of the therapist level PE maximally differentiates OTs from OTAs. This analysis is reported in Table 21 and indicates that the Motor Functioning subtest is the dominant subtest that maximally discriminates the two populations. To a lesser degree, the Sensory-Integrative Functioning and the Cognitive Functioning subtest also added significantly in stepwise fashion to this differentiation.

SUMMARY AND RECOMMENDATIONS

The intended purpose of the present investigation was "to evaluate and analyze the reliability and validity of measurements that are predictive of competency and proficiency at entry levels in occupational therapy." The data collected and analyzed from this study yields the following overall pattern.

THERAPIST LEVEL

Therapist level PE scores showed a significant moderate correlation with NCE scores ($r=.61$, $p>.001$) indicating a moderate correspondence between the criterion-referenced PE and the norm-referenced NCE. The probability of finding a significant relationship of this magnitude would be favorably based upon the fact that each measure was in part intended to survey "achievement" in the field of occupational therapy.

A number of divergencies were also noted between the PE and the NCE. In particular, the Play/Leisure and Life Space subareas of the PE and the Clinical Orthopedics subarea of the NCE were not among the various significant correlations observed between these two measures. A commonality among these subareas is that each was independent of the first factor found for that examination. Specifically, Life Space was identified as Factor II and Play/Leisure as Factor IV for the PE factor solution reported in Table 12. Clinical Orthopedics was identified loading heavily on Factor II for the NCE factor solution shown in Table 13.

The factor analytic data produced a number of pertinent findings. The Advisory Committee was able to determine, by examining the loadings of each subarea on each factor, the composition of the major components of each examination. Although approximately 40% of the variance in total test scores could be explained by the first factor for each examination, two-thirds of the subareas on the PE and approximately one-third of the subareas on the NCE had moderate to high loadings on the first factor. This could suggest a more homogenous set of content is being measured by the PE. Given the greater homogeneity of the PE, it was not surprising to observe Factor I of the PE explaining a greater proportion of the combined tests variance than Factor I of the NCE.

Nonsignificant correlations were generally observed between both the FWPR and QAFWC with the PE. Although the relationship for total scores between the PE and QAFWC (r=13) would be significant at $p > .065$, these two measures share less than 2% in common variance. The NCE also demonstrated a nonsignificant relationship with the FWPR (r=.18, NS), but fared better with the QAFWC (r=.28, $p > .05$). External rating instruments (i.e. supervisor's ratings) rarely show greater than low-order correlations with written examinations. Therefore, further research designed to determine what kind of performance is being measured by the field work instruments, and not presently measured by the PE and NCE, should be undertaken. Not performed in the present investigation but a necessary ingredient for further validation efforts, is the determination of the inter-rater reliabilities of the FWPR and QAFWC.

The general finding that candidates' QAFWC and FWPR scores did not differ significantly across their field work placements provides empirical support that the instruments are not biased in favor of any specific field activity, but provide a measure of general field work performance.

A significant relationship between an academic achievement measure (GPA) and scores derived from the PE and QAFWC was found. The significant predictive validity coefficients found for the QAFWC and not for the FWPR, supports the need for continued development of a qualitative instrument.

ASSISTANT LEVEL

The Treatment Planning and Treatment Implementation subareas of the QAFWP showed a significant low-order relationship with total PE scores. Although only 20% of the items on the PE are concerned with the evaluation process, this variable of the PE showed significant findings throughout the scales of the QAFWP. This implies that if OTAs are able to evalute OT problems and situations effectively, as shown on a written examination, this ability is also related to receiving higher performance ratings.

The Motor Functioning subarea dominated Factor I of the assistant PE, whereas the Motor and Social Functioning subareas have the highest loading on Factor I. A Life Space factor was consistently found for

both levels of the PE. The five subareas of the assistant level PE were also found to load on more than one factor suggesting that with the exception of the Motor Functioning, Cognitive Functioning, and Life Space subareas, the remaining subtests are not composed of a homogeneous set of items. If items with known factorial composition are placed within each subtest, comparisons with other measures permit clearer interpretation.

The comparison of OTs score performance with that of OTAs on the therapist level PE, demonstrated that OTs performed significantly higher than assistants and that the scores obtained on the Motor Functioning subtest, in particular, maximally differentiate these two populations.

RECOMMENDATIONS FOR FURTHER RESEARCH

1) Score performance between graduates from approved AOTA programs and individuals not having such education should be compared.

2) A measure of assessing the on-the-job performance of individuals eligible for proficiency entry into the field should be developed and validated against criteria designed to measure competency (e.g. proficiency examinations).

3) A follow-up investigation of how well these entry-level measures predict future job performance should be conducted.

The relationship among subareas found through the factor analytic studies differed from the judgements made about the practice of occupational therapy. For example, four subareas of the therapist level PE clustered together on one factor indicating that they are measuring common variance.

The task inventories were designed by a panel of experts. No efforts were made to empirically study the inventories, so it is difficult to view them with assurance as definitive statements of the practice of occupational therapy. We know from the task analysis that different categorizations of subareas may exist. We also know, from reports of item writers and test construction consultants, that it was difficult to assign items to categories and that overlapping of subject and process was a problem. This supports the conclusion that the test blueprints (designed from the task inventories) were not an ideal framework for the PEs.

Methodology consisting only of expert judgement raises another problem. The resultant examination cannot be systematically and consistently updated. The project staff recommends that a procedure of identification or verification of occupational therapy practice be conducted. It should be based upon the collection of data from a large sample of practitioners. A standard method of data collection could be repeated to update examinations on a regular basis.

The project staff further recommends that in future studies of occupational therapy role identification, the data obtained by factor analysis in this project be considered. The four factors identified for each level examination (see pages 37 and 48) may be considered as content subareas.

FUTURE USE OF THE PROFICIENCY EXAMINATION AND PROPOSED USE OF THE PERFORMANCE INSTRUMENTS

ASSISTANT LEVEL PROFICIENCY EXAMINATIONS

In October 1975, the policy-making body of The American Occupational Therapy Association (AOTA), the Delegate Assembly, resolved that a written examination would be a requirement for certification of occupational therapy assistants. (The previous requirements were the completion of an approved program and field work experiences and the recommendation of the program director.) In April 1976, following the deliberations of a special task force and receipt of the permission of the staff of Department of Health, Education, and Welfare, Division of Associated Health Professions, the Delegate Assembly resolved to use the 250 items from the assistant level proficiency examination item pool as a certification examination. These 250 items are to be selected to conform with the blueprint of the PE (see Appendix D). The examination will be first administered on June 25, 1977, to all graduates of approved programs completing all requirements after October 31, 1976. The examination will be administered twice annually beginning in 1978. The AOTA will be responsible for updating and revision of the examination after its first administration in 1977.

RATERS' EVALUATION OF FIELD WORK MEASURES

A rater's evaluation was also distributed to all supervisors along with the Qualitative Assessment of Field Work Competency (QAFWC). 251 raters'

evaluations were returned. (A copy of the evaluation form and the data summary are in Appendix H.) There were several suggestions for revision, but most of the results indicated that the instrument was viewed as valuable. This information, coupled with some dissatisfaction with the Field Work Performance Report (FWPR), has led the Advisory Committee to recommend that the project staff propose the use of the QAFWC to the AOTA. The project staff will suggest to the Association that a committee be formed to study this possibility.

A rater's evaluation was also distributed to all supervisors along with the QAFWP. 170 raters' evaluations were returned from 170 different raters. (A copy of the evaluation form and the data summary are in Appendix H.) Again, the response was favorable. It should be pointed out that currently there is no standard and/or official measure of field work performance at the assistant level. Each school uses a different instrument. The occupational therapy assistant program directors, faculty, and field work supervisors all have expressed a need for an official instrument and felt that the QAFWP would be more than adequate. The Advisory Committee recommended that the project staff propcse that the AOTA consider studying the QAFWP for its adoption as an official instrument of field work performance. The project staff will propose to the AOTA that the QAFWP be used experimentally for a one-year period during which time each school would continue using the form that they currently use. A committee should study and design an experiment and then present its recommendations to AOTA.

APPENDICES

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BLUEPRINT

THERAPIST EXAM

	Exam %	EVAL [illegible] 36% (250)	PLANNING 24% (500)	IMPLEMENTATION 56% (1120)	TOTAL Questions
1. Self Care	13% (32.50)	4 tasks 9 questions	2 tasks 6 questions	6 tasks 18 questions	33
2. Work	13% (32.50)	4 tasks 10 questions	2 tasks 6 questions	8 tasks 17 questions	33
3. Play/Leisure	8% (20Q)	3 tasks 6 questions	1 tasks 4 questions	5 tasks 10 questions	20
4. Motor	20% (50Q)	3 tasks 15 questions	3 tasks 10 questions	12 tasks 25 questions	50
5. Sensory-Integrative	13% (32.50)	4 tasks 10 questions	3 tasks 6 questions	8 tasks 16 questions	32
6. Cognitive	8% (20Q)	3 tasks 6 questions	2 tasks 4 questions	4 tasks 10 questions	20
7. Psychological	13% (32.50)	3 tasks 9 questions	3 tasks 6 questions	7 tasks 18 questions	33
8. Social	8% (20Q)	3 tasks 6 questions	2 tasks 4 questions	4 tasks 10 questions	[illegible]
9. Life Space	4% (10Q)	2 tasks 6 questions	1 tasks 3 questions	0 tasks 0 questions	9
TOTAL (Actual)		77 questions	49 questions	124 questions	250 Q

APPENDIX D

BLUEPRINT

ASSISTANT EXAM

	Exam %	EVALUATION 20% (50Q)	PLANNING 10% (25Q)	IMPLEMENTATION 70% (175Q)	TOTAL Questions
1. Self Care	30% (75Q)	7 tasks 15 questions	3 tasks 6 questions	12 tasks 52 questions	73
2. Work	30% (75Q)	4 tasks 15 questions	1 tasks 4 questions	22 tasks 55 questions	74
3. Play/Leisure	20% (50Q)	3 tasks 10 questions	1 tasks 4 questions	12 tasks 35 questions	49
4. Motor	5% (12.5Q)	1 tasks 2 questions	1 tasks 2 questions	4 tasks 9 questions	13
5. Cognitive	4% (10Q)	1 tasks 2 questions	1 tasks 2 questions	2 tasks 7 questions	11
6. Psychological	4% (10Q)	1 tasks 2 questions	1 tasks 2 questions	2 tasks 7 questions	11
7. Social	5% (12.5Q)	1 tasks 2 questions	1 tasks 2 questions	3 tasks 9 questions	13
8. Life Space	2% (5Q)	2 tasks 4 questions	1 tasks 2 questions	0 tasks 0 questions	6
TOTAL (Actual)		52 questions	24 questions	174 questions	250 Q

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

RATER'S GUIDE

FIELD WORK PERFORMANCE REPORT

PURPOSE

Field work is an important aspect of the student's professional education. This is his opportunity to gain experience under supervision in the application of his didactic training. Since field work is part of the total educational process, strengths and suggestions for improvement should be stressed in order to promote professional growth in the student. Successful completion of all field work is required for admission to the certification examination of the American Occupational Therapy Association. It is essential that each student be rated on a standard form in accordance with a uniform rating procedure in order to (1) provide the curriculum director with a complete picture of the adequacy of the student's preparation to practice occupational therapy and (2) enable the curriculum director to recommend the student to write the certification examination.

This form has been designed as a counseling tool as well as for evaluation; therefore, it should be used throughout the field experience, especially at mid-term.

GENERAL PRINCIPLES

To obtain an accurate appraisal of a student's performance, the following principles should be observed:

Consider each student separately since no student performs equally in all aspects of his behavior.
Observation of instances of specific behavior rather than general impressions is fundamental to objective evaluation.
If a student's performance has markedly improved during the latter half of the field experience and it is felt that this performance is more typical, utilize that period as the basis for the final evaluation.

ADMINISTRATION

All the required entries on the top of page 1 of the form must be completed.
If a student works under the direction of more than one therapist, the evaluation should represent their combined judgment, even though there is but one signature required.
Check marks, rather than numerical scores, should be entered on the FWPR form.
Place check marks within the appropriate box and not on the line between columns for the final evaluation.
The Scorer's Guide is primarily for the use of the academic supervisor but is made available to the field supervisor (rater) for evaluation of marginal performance.
If "rarely" or "occasionally" columns are used for the majority of items, the rater should score the center's copy so that the student may be informed of borderline or failing status.
If a student completing the last field work assignment the day before writing the Certification (Registration) Examination is failing, the academic supervisor must be notified by telephone at least three days before the date of the examination in order that admission to the examination may be cancelled.

Rev. 3/74

Students who request a copy of their FWPR may be allowed to duplicate a copy. One copy (or more if so requested) should be returned to the student's academic supervisor IMMEDIATELY upon completion of the field work experience.

RATER'S GUIDE

This form is divided into five sections:

Data Gathering
Treatment Planning
Treatment Implementation
Communication Skills
Professional Characteristics

Under each section heading are statements of various aspects of behavior possible. The qualitative aspects of required performance are inherent in each statement. Each statement is to be considered specifically in terms of the section it is delineating.

The behavior statement should be counted as having been performed by the student only if it was performed independently with the amount of supervision normally given students at your facility.

For each statement, check the definition that best applies to the student's behavior as observed. The following definitions of the adverbial headings are to be used.

Consistently: Given 10 opportunities, the student displayed this behavior 8, 9, or 10 times. (More than 75% of opportunities)

Frequently: Given 10 opportunities, the student displayed this behavior 5, 6, or 7 times. (50-75% of opportunities)

Occasionally: Given 10 opportunities, the student displayed this behavior 3 or 4 times. (25-50% of opportunities)

Rarely: Given 10 opportunities, the student displayed this behavior 2 times or less. (Less than 25% of opportunities)

If a particular statement is not observable at your facility, or was not observed in the student, leave it blank and enter the letters N.O. (Not Observed) in the Comments column. The student will in no way be penalized for an N.O. entry. Extensive use of the N.O. category, however, indicates the need to re-examine your interpretation of the statements. If you send in a form with more than twelve (12) N.O.'s, it will be returned to you for re-evaluation.

An entry should be made for every statement. Entries for final evaluations may not be made on a line between the columns.

ADDITIONAL COMMENTS SECTION

Comments section might include: nature of caseload; notable strengths and weaknesses; potential for work in this area.
This section is also to be used for any further information or explanations deemed helpful to the student or the curriculum.

SIGNATURES

After entering the check marks on the entire evaluation form, a thorough explanation should be given to the student at his final conference. Both the supervisor's and the student's signatures should be entered on the form, only after the report has been fully discussed. Please note that the student's signature denotes only that he has read the report and does not imply that he agrees with it.

GUIDELINES

Data Gathering

This section covers all information necessary to treatment or program planning. The information or methods of gathering will vary considerably depending upon the setting, (e.g.: background information from charts, admission conferences, family interviews, referring agencies, observations, and evaluative procedures.)

Suggested considerations for individual statements:

1. Pretest information means any information needed prior to evaluating, not exclusively "testing".
2. Includes both the choice of the proper evaluation method, from information gathered in item 1. and choice of the proper tools and materials for evaluation.
3. "Climate" refers to all aspects of the situation surrounding the patient/client, (e.g.: crowding, noise level, temperature, seating arrangement, stress from family members or others.)
4. Note: "standardized or recommended technique", not necessarily both.
5. While this opportunity does not arise in the field work experience as frequently as other items in data gathering, it is valuable as an indicator of total comprehension of the situation and/or creative thinking on the student's part. Consider recognition of the need to adapt as well as the ability to adapt.
7. Includes three different areas but it is important that therapists consider all equally. If a student places unequal emphasis, this should be mentioned in the comments section.

Treatment Planning

Results from data gathering are used for treatment or program planning in collaboration with staff and others, including the patient/client when appropriate. The extent of program planning varies considerably depending upon the setting and the resources available.

Suggested considerations for individual statements:

8. Emphasis is on "define problem areas" through knowledgeable interpretation of evaluative procedure previously used.
9. In many situations this is a hard item to implement, e.g., long term care where discharge is improbable; crisis situation where discharge appears premature. It is essential, however, that these factors be recognized and considered in whatever is planned.
10. & 11. Assume it is done when and if appropriate. Also, consider collaboration with the family when it is important.
13. Note "or" in this statement. Alternatives are almost always available though not necessarily innovative.

Treatment Implementation

In rating this section consider the student's ability to provide the needed environment, terminate treatment, be aware of group dynamics, be a part of the team approach and use community resources.

Suggested considerations for individual statements:

16. Structuring the activity area or providing the opportunity for the patient/client to choose materials and develop own work space.
17. Seating patient/client (with a group or isolated); table height; bed position; distracting elements.
22. "Environment" encompasses such factors as treating the patient/client at bedside, in clinic, alone or as part of a group, in an outside recreation area, or with family present.
28. Refers to terminating treatment in broad sense; e.g., at discharge; when maximum benefits have been reached; when student permanently leaves the setting; within a given treatment session. (Whatever pertains to the expectations of your facility.)
30. Refers to the assigned caseload; patients/clients in one specific group, and/or total group physically present in a setting.
31. Involving others in providing a consistent approach for maximum support and reinforcement in achieving goals.
32. "Community resources" has a broad connotation and is meant to include both benefits and barriers which may arise in relation to the home, school, any agency or person.

Communication Skills

Communication is used in a broad sense. It is a major factor in projecting the image of occupational therapy. Obviously it must be effective and this quality is inherent in each statement. It is always viewed as a two-way process including both input and output. Speaking and listening or writing and reading are of equal importance.

Suggested considerations for individual statements:

38. & 39. "Appropriate form, content, and manner" or "according to requirements of the facility" will vary considerably with setting. This should be clarified during orientation.

Professional Characteristics

This section addresses itself to those attitudes and attributes that enable a person to perform at a consistently mature and professional level. Some of the characteristics are administrative in nature.

Suggested considerations for individual statements:

41. Sets priorities for work load; organizes self to accomplish necessary tasks.
42. Returns equipment to proper location; shares responsibility for clean-up of area, maintenance and repair of equipment, neatness of work and office space.
43. Notifies proper personnel of supply needs; suggests new items.
44. Takes as much responsibility for all aspects of patient/client treatment as is expected at the facility; maintains contact with other team members; displays initiative in crisis situations (e.g.: taking over for ill staff member.)
45. Alters work pace to adjust to day-to-day changes in routine and work load; finds alternative activity if program is temporarily slack.
46. Takes initiative to seek information; uses discretion in wording and timing of inquiries.
47. Grows professionally in response to dialogue with and observation of supervisor and staff.
49. Discusses problems with supervisor or other appropriate persons, requests medical or counseling service if needed; requests change in amount of supervision, nature of caseload, amount of work; gives constructive suggestions concerning departmental policies, procedures, staff, etc,; brings personal problems to the attention of staff or supervisor when indicated (e.g.: health, finances.)
51. "Other areas" might include: community agencies, local political situations, nutritional aspects, architectural barriers, financial implications, legislative concerns.
52. Takes initiative to independently arrange or seek out: observations, field trips, additional experiences inside or outside the facility, reading material, voluntary attendance at meetings related to health concerns, building media skills. (This is the basis for continuing education.)
53. "Others" might include: other health professionals, attendants or aides, students in other professions, medical personnel, outside agency personnel, families.
54. Ability to organize the task to be done: give directions and instructions at levels suitable to OTR's, COTA's, aides, volunteers and others. Although this experience might not be available to every student, it is an important consideration.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

FIELD WORK PERFORMANCE REPORT

Ms. / Mr. _____
(Last) (First) (Middle) (Maiden)

Social Security Number _____

College or University _____

Student level: Junior _____ Senior _____ Basic Master's _____ Certificate _____

Type of Field Work: _____ Number of weeks assigned _____

Facility and address _____

Dates of placement: From _____ 19 _____ To _____ 19 _____

Order of placement: 1 2 3 4 out of 1 2 3 4

Absences: Number of days _____ Reasons for _____ Amount of time made up _____

	Rarely	Occasionally	Frequently	Consistently	Comments
DATA GATHERING					
1. Gathers necessary pre-test information or materials before interviewing or testing patient / client					
2. Selects evaluation method and / or tools which are appropriate to the patient / client					
3. Administers test / interview / evaluation in a climate appropriate to the patient's / client's disability, age and personality					
4. Administers test / interview / evaluation correctly according to standardized or recommended technique					
5. Demonstrates competence in evaluation techniques / tests by adapting method to elecit data when standard or recommended technique is not possible					
6. Obtains additional or supplementary information from appropriate persons and available records					
7. Assesses patient's / client's physical, social and emotional needs					
TREATMENT PLANNING	(FOR CLARIFICATION OF ITEMS, SEE RATER'S GUIDE)				
8. Defines problem areas for treatment using information from interviews and observations of patient / client as well as data from appropriate standardized or clinical tests					
9. Determines long-term treatment goals in accordance with probable discharge situation					

TREATMENT PLANNING (CONT'D)

10. Develops treatment plan in collaboration with patient / client . . . . . .
11. Guides patient's / client's selection of appropriate activities which will lead to goal achievement . . . . . .
12. Demonstrates ability to establish treatment priorities . .
13. Presents several alternatives or innovative solutions to problems . . . . . .

TREATMENT IMPLEMENTATION

14. Coordinates schedule with patient / client, other staff and agencies. . . . . .
15. Adheres to precautions . . . . . .
16. Arranges equipment and materials according to treatment purpose . . . . . .
17. Positions patient / client comfortably and appropriately . .
18. Explains to patient / client what he will be doing and why, modifying plan, if possible, according to patient's / client's reaction . . . . . .
19. Intervenes at signs of fatigue or frustration, if appropriate .
20. Uses praise or other reinforcers to encourage appropriate behavior . . . . . .
21. Sets appropriate limits in response to undesirable physical or social behavior . . . . . .
22. Selects or modifies available treatment environment to support patient's / client's best performance . . . . . .
23. Establishes and maintains therapeutic relationship with patient / client . . . . . .
24. Takes initiative to reevaluate the patient's / client's status at appropriate intervals . . . . . .
25. Demonstrates awareness of the patient's / client's status by making program changes in response to changes in the patient / client or his environment . . . . . .
26. Informs and / or prepares the patient / client for program or treatment change . . . . . .
27. Plans for patient's / client's discharge in adequate time .
28. Demonstrates ability to terminate treatment appropriately .
29. Evaluates the effectiveness of treatment procedure used .
30. Is alert to needs of the total patient / client group . . . .

Rarely	Occasionally	Frequently	Consistently	Comments
(FOR CLARIFICATION OF ITEMS, SEE RATER'S GUIDE)				

TREATMENT IMPLEMENTATION (CONT'D)

	Rarely	Occasionally	Frequently	Consistently	Comments
31. Collaborates with others in promoting an atmosphere which will support the health and independent functioning of the patient/client					
32. Considers the patient's/client's post-discharge program in relation to the treatment center and/or community resources					
33. Deals effectively with a variety of disability and age groups					

COMMUNICATION SKILLS

(FOR CLARIFICATION OF ITEMS, SEE RATER'S GUIDE)

34. Uses professional judgement in selecting, interpreting and reporting data					
35. Substantiates statements with data from evaluations, observations and interviews					
36. Communicates effectively with staff and other people					
37. Communicates effectively with patients/clients					
38. Presents oral reports in appropriate form, content and manner					
39. Produces written reports according to requirements of the facility					
40. Recognizes and utilizes non-verbal communication					

PROFESSIONAL CHARACTERISTICS

(FOR CLARIFICATION OF ITEMS, SEE RATER'S GUIDE)

41. Prepares daily work program for self, scheduling appropriate amount of time for preparation and completion of tasks					
42. Maintains working area in a manner conducive to efficiency and safety					
43. Shares responsibility in maintaining proper level of supply inventory					
44. Assumes authority appropriately					
45. Adjusts pace to program requirements					
46. Asks appropriate questions when in doubt					
47. Modifies behavior accordingly in response to supervision					
48. Works appropriately with persons of varied racial, ethnic and sociological backgrounds					
49. Handles personal and professional frustrations appropriately					
50. Recognizes own strengths and weaknesses					

PROFESSIONAL CHARACTERISTICS (CONT'D)

	Rarely	Occasionally	Frequently	Consistently	Comments
51. Demonstrates active interest in areas other that occupational therapy that are relevant to total health care					
52. Improves current level of skills and knowledge by independently participating in learning experiences . . .					
53. Interprets occupational therapy to others according to their level of interest and understanding					
54. Demonstrates ability to supervise staff and/or volunteers .					

(FOR CLARIFICATION OF ITEMS, SEE RATER'S GUIDE)

ADDITIONAL COMMENTS

Comments might include nature of caseload, notable strengths and weaknesses and potential for work in this area.

I have read this report

_____

(Signature of student)

_____ _____

(Date)

Signature of rater _____

_____

Position

Number of persons contributing to report _____

GUIDELINES FOR RATERS

APPENDIX F - QAFWC

Purpose

This Qualitative Assessment instrument is being used only for research purposes as part of the current AOTA project which is designed to evaluate measures of proficiency in Occupational Therapy. It is intended as a general measure of the qualitative aspects of a student's field work performance and is to be used in conjunction with the existing AOTA Field Work Performance Report only during the course of the evaluation project.

Use of the Rating Scale

Although the instrument may appear somewhat lengthy, note that it includes only eleven major elements for rating. On Parts I, II and III the student's performance is rated on a scale of 1 - 5 ranging from 1 - VERY WEAK to 5 - VERY STRONG. (See rating booklet for more detailed explanation.) For each trait to be assessed, be sure to read the entire page and review each of the behavioral indicators before you make your rating.

Timing of the Rating

The rating should be completed as close as possible to the end of the student's field work experience in your setting. UNDER NO CIRCUMSTANCES should the content of the form be shared with the student prior to the completion of the rating. However, after the rating is completed, the results may be shared with the student if you and/or the student so desires.

Confidentiality

As this instrument is for research purposes only, the ratings have no effect upon the student's field work performance grade and should not be transmitted to the student's school. As stated previously, results may be shared with the student after the ratings are completed but, otherwise, confidentiality should be maintained.

Reporting the Rating Results

Upon completion, rating forms should be returned as soon as possible to the Professional Examination Service, 475 Riverside Drive, N. Y., N.Y. 10027. A mailing label is enclosed for your convenience.

Evaluation of the Rating Form

The Qualitative Assessment instrument is being used in conjunction with the Field Work Performance Report on an experimental basis. Therefore, your personal reactions regarding the use of this instrument will provide very important feedback to the project. Please complete the enclosed evaluation form and return it with the student rating forms.

RATER'S EVALUATION OF THE QUALITATIVE ASSESSMENT OF FIELD WORK COMPETENCY FORM

1. Please indicate on the scale provided the extent to which the terminology used in the indicators (in each part of the tool) was clear in its meaning.

	Very Clear				Very Unclear
IA. Applic. of Evaluation Principles	1	2	3	4	5
IB. Administration of Eval. Procedures	1	2	3	4	5
IC. Reporting and Recording	1	2	3	4	5
ID. Interpretation and Utilization of Data	1	2	3	4	5
IIA. Goal Formulation	1	2	3	4	5
IIB. Developing and Presenting Treatment Plans	1	2	3	4	5
IIIA. Organizing the Treatment Program	1	2	3	4	5
IIIB. Carrying Out the Treatment Program	1	2	3	4	5
IIIC. Therapeutic Relationships	1	2	3	4	5
IIID. Treatment Modification or Termination	1	2	3	4	5
IIIE. Communication Skills	1	2	3	4	5

COMMENTS: _____

2. If (in response to the above question) you encountered terminology which was unclear or ambiguous, please indicate the terminology and its location on the form. (List below.)

Terminology	Part (Location)	Comments

(Note: Use the back of this page to extend your list, if necessary.)

1. The general categories (or traits) that the form attempts t[illegible]ness were derived in relation to those on the Field Work Performance Report. In your opinion, are these the most important and relevant traits to use for a qualitative assessment of Occupational Therapy field work performance?

IA. Applic. of Evaluation Principles	___YES	___	___UNDECIDED
IB. Admin. of Eval. Procedures	___YES	___	___UNDECIDED
IC. Reporting and Recording	___YES	___NO	___UNDECIDED
ID. Interpretation and Utilization of Data	___YES	___NO	___UNDECIDED
IIA. Goal Formulation	___YES	___NO	___UNDECIDED
IIB. Dev. and Presenting Treatment Plans	___YES	___NO	___UNDECIDED
IIIA. Organizing the Treatment Program	___YES	___NO	___UNDECIDED
IIIB. Carrying Out the Treatment Program	___YES	___NO	___UNDECIDED
IIIC. Therapeutic Relationships	___YES	___NO	___UNDECIDED
IIID. Treatment Modif. or Termination	___YES	___NO	___UNDECIDED
IIIE. Communication Skills	___YES	___NO	___UNDECIDED
IV. Personality Characteristics	___YES	___NO	___UNDECIDED

If "NO" to any of the above, please explain and/or make suggestions for additions or deletions.

2. The behavioral indicators presented to guide you in your rating of each trait or Category were selected as examples of the most important indicators. In your opinion, were the indicators selected for use appropriate?

Very Appropriate ... Very Inappropriate

COMMENT

5. To what extent did you find the behavior indicators a helpful guide in determining your ratings?

Very Helpful — Very Unhelpful

1 2 3 4 5

COMMENTS: _____

_____

_____

6. In the process of making the ratings, did you have any students whose behaviors did not fit the categories as presented?

____YES ____NO ____UNDECIDED

If "YES" to the above, please explain: _____

_____

_____

_____

7. Were the instructions for using the assessment form clear to you?

Very Clear — Very Unclear

1 2 3 4 5

COMMENTS: _____

_____

_____

_____

8. How useful was the assessment tool specifically in regard to YOUR field work setting?

Very Useful — Very Useless

1 2 3 4 5

COMMENTS: _____

_____

_____

_____

9. On the average, approximately how long did it take you to complete the assessment form on a student?

____less than 15 min.	____46 - 60 min.	____more than 2 hrs.
____15 - 30 min.	____1 - 1 1/2 hrs.	(Please specify time.)
____31 - 45 min.	____1 1/2 - 2 hrs.	

10. This instrument was developed for use in the current project because occupational therapists have indicated a need for a qualitative assessment of student field work performance. To what extent do you think the instrument meets that expressed need?

Very Well				Not at All
1	2	3	4	5

COMMENTS: _____

_____

11. Which of the following words characterize your experience in using the Qualitative Assessment instrument? (Check as many as may be applicable.)

____Very Useful	____Needs Revision	____Good Qualitative Tool
____Easy to Use	____Difficult	____Impractical
____Efficient	____Worthwhile	____Relevant Content
____Takes Too Much Time	____Acceptable As Is	____Useless
____Ambigous	____Confusing	____Helpful

PERSONAL DATA (RATER)

12. When did you first enter the practice of Occupational Therapy? _____ (Month, Year)

13. How long have you been a supervisor of student field work? _____ (Year[s])

14. Have you participated in continuing education programs in any of the following content areas? If so, indicate year.

	Content	Year of Participation
___	Supervision	_____
___	Tests & Measurements	_____
___	Clinical Education	_____
___	Other (Please specify.)	_____
	_____	
	_____	
	_____	

15. How many O.T. students have you supervised within the past year? _____

16. How many student field work placements can your facility provide each year? _____

17. Approximately how many requests for student placements does your facility receive each year? _____

(Please use the back of this page for any additional comments, suggestions or reactions.)

GUIDELINES FOR RATERS

Purpose

This instrument is being used only for research purposes as part of the current AOTA project which is designed to evaluate measures of proficiency in Occupational Therapy. It is intended as a general measure of the qualitative aspects of a student's field work performance and, in its present form, the instrument is to be used only during the course of the evaluation project.

Use of the Rating Scale

Note that the instrument includes eight major elements for rating. For each trait or characteristic, the student's performance is rated on a scale of 1 - 5 ranging from 1 - VERY WEAK to 5 - VERY STRONG. (See rating booklet for more detailed explanation.) For each trait to be assessed, be sure to read the entire page and review each of the behavioral indicators before you make your rating. The student should demonstrate all of the behaviors indicated under a given section of the rating scale (i.e., VERY WEAK, WEAK, MODERATE, STRONG, VERY STRONG) in order to warrant the corresponding numerical rating (i.e., 1, 2, 3, 4, 5).

Timing of the Rating

The rating should be completed as close as possible to the end of the student's field work experience in your setting. UNDER NO CIRCUMSTANCES should the content of the form be shared with the student prior to the completion of the rating. However, after the rating is completed, the results may be shared with the student if you and/or the student so desires.

Confidentiality

As this instrument is for research purposes only, the ratings have no effect upon the student's field work performance grade and should not be transmitted to the student's school. As stated previously, results may be shared with the student after the ratings are completed but, otherwise, confidentiality should be maintained.

Reporting the Rating Results

Upon completion, rating forms should be returned as soon as possible to the Professional Examination Service, 475 Riverside Drive, New York, New York 10027.

Evaluation of the Rating Form

This instrument is being used on an experimental basis. Therefore, your personal reactions regarding the use of the instrument will provide very important feedback. Please complete the enclosed evaluation form and return it with the student rating forms to the Professional Examination Service.

RATER'S EVALUATION OF THE FIELD WORK PERFORMANCE ASSESSMENT
(Occupational Therapy Assistant)

1. Please indicate on the scale provided the extent to which the terminology used in the indicators (for each part of the tool) was clear in its meaning.

		Very Clear				Very Unclear
IA.	Collecting Evaluation Data	1	2	3	4	5
IB.	Communicating Evaluation Findings	1	2	3	4	5
II.	Assisting in Treatment Planning	1	2	3	4	5
IIIA.	Organizing and Carrying Out Treatment Program	1	2	3	4	5
IIIB.	Establishing Patient/Client Relationships	1	2	3	4	5
IIIC.	Assisting with Program Modification	1	2	3	4	5
IIID.	Communicating Effectively	1	2	3	4	5
IV.	Role Expectations	1	2	3	4	5

COMMENTS: _____

2. If (in response to the above question) you encountered terminology which was unclear or ambiguous, please indicate the terminology and its location on the form. (List below.)

Terminology	Part (Location)	Comments

(Note: Use the back of this page to extend your list, if necessary.)

3. The general categories (or traits) that the form attempts to assess were derived from those most frequently included on field work performance forms currently used by individual OTA educational programs. In your opinion, are these the most important and relevant traits to use for a qualitative assessment of Occupational Therapy Assistant field work performance?

IA. Collecting Evaluation Data	____YES	____NO	____UNDECIDED
IB. Communicating Evaluation Findings	____YES	____NO	____UNDECIDED
II. Assisting in Treatment Planning	____YES	____NO	____UNDECIDED
IIIA. Organizing and Carrying Out Treatment Program	____YES	____NO	____UNDECIDED
IIIB. Establishing Patient/Client Relationships	____YES	____NO	____UNDECIDED
IIIC. Assisting with Program Modification	____YES	____NO	____UNDECIDED
IIID. Communicating Effectively	____YES	____NO	____UNDECIDED
IV. Role Expectations	____YES	____NO	____UNDECIDED

If "NO" to any of the above, please explain and/or make suggestions for additions or deletions:

_____

_____

_____

_____

_____

4. The behavior indicators presented to guide you in your rating of each trait or category were selected as a sampling of the most important indicators. In your opinion, were the indicators selected for use appropriate?

Very Appropriate				Very Inappropriate
1	2	3	4	5

COMMENTS: _____

_____

_____

_____

_____

_____

_____

5. To what extent did you find the behavior indicators a helpful guide in determining your ratings?

Very Helpful — Very Unhelpful

1 2 3 4 5

COMMENTS: _____

6. In the process of making the ratings, did you have any students whose behaviors did not fit the categories as presented?

___YES ____NO ____UNDECIDED

If "YES" to the above, please explain: _____

7. Were the instructions for using the assessment form clear to you?

Very Clear — Very Unclear

1 2 3 4 5

COMMENTS: _____

8. How useful was the assessment tool specifically in regard to YOUR field work setting?

Very Useful — Very Useless

1 2 3 4 5

COMMENTS: _____

9. On the average, approximately how long did it take you to complete the assessment form on a student?

____less than 15 min.	____46 - 60 min.	____more than 2 hrs.
____15 - 30 min.	____1 - 1½ hrs.	(Please specify time.)
____31 - 45 min.	____1½ - 2 hrs.	

10. This experimental instrument constitutes an attempt to develop a tool which could assess the field work performance of any Occupational Therapy Assistant student. To what extent do you think the instrument achieves that objective?

Very Well				Not at All
1	2	3	4	5

COMMENTS: _____

_____

_____

11. Which of the following words characterize your experience in using the OTA Field Work Performance Assessment instrument? (Check as many as may be applicable.)

____Very Useful	____Needs Revision	____Good Qualitative Tool
____Easy to Use	____Difficult	____Impractical
____Efficient	____Worthwhile	____Relevant Content
____Takes Too Much Time	____Acceptable As Is	____Useless
____Ambiguous	____Confusing	____Helpful

PERSONAL DATA (RATER)

12. When did you first enter the practice of Occupational Therapy? _____(Month, Year)

13. How long have you been a supervisor of student field work? _____(Years)

14. Have you participated in continuing education programs in any of the following content areas? If so, indicate year.

	Content	Year of Participation
_____	Supervision	_____
_____	Tests & Measurements	_____
_____	Clinical Education	_____
_____	Other (Please specify.)	_____
	_____	
	_____	
	_____	

15. How many O.T. Assistant students have you supervised within the past year? _____

16. How many student OTA field work placements can your facility provide per year? _____

17. Approximately how many requests for student placements does your facility receive each year? _____

_____

Note: Please use the back of this page for any additional comments, suggestions or reactions you may have.

The Qualitative Assessment of Field Work Competency rating booklet has been removed by the forwarding agency - AOTA. The reader may wish to contact that organization for further information regarding the tool.

APPENDIX H

DATA SUMMARY

RATERS' EVALUATIONS

of the

QUALITATIVE ASSESSMENT OF FIELD WORK PERFORMANCE INSTRUMENT

for

OCCUPATIONAL THERAPISTS

Evaluation of Measures of Proficiency in Occupational Therapy

July, 1976

DATA SUMMARY: RATERS' EVALUATIONS OF QAFWP (OT)

Q. 1. Please indicate on the scale provided the extent to which the terminology used in the indicators (for each part of the tool) was clear in its meaning.

		Rating Scale: Very Clear 1		2		3		4		Very Unclear 5			
		#	%	#	%	#	%	#	%	#	%	N=	Mean Rating
IA.	Applic. of Eval. Prin.	160	67.2	50	21.0	18	7.6	9	3.8	1	.4	238	1.49
IB.	Admin. of Eval. Proc.	163	68.5	47	19.7	20	8.4	7	2.9	1	.4	238	1.47
IC.	Reporting & Recording	175	73.5	33	13.9	19	8.0	8	3.4	3	1.3	238	1.45
ID.	Inter. & Util. of Data	170	72.0	40	16.9	15	6.4	9	3.8	2	.8	236	1.45
IIA.	Goal Formulation	165	69.6	41	17.3	19	8.0	10	4.2	2	.8	237	1.50
IIB.	Dev. & Pres. Tr. Plans	176	73.9	39	16.4	11	4.6	8	3.4	4	1.7	238	1.42
IIIA.	Organiz. Tr. Prog.	175	73.8	37	15.6	15	6.3	6	2.5	4	1.7	237	1.43
IIIB.	Carrying Out Tr. Prog.	175	73.5	35	14.7	15	6.3	10	4.2	3	1.3	238	1.45
IIIC.	Therapeutic Rel.	176	73.9	31	13.0	16	6.7	7	2.9	8	3.4	238	1.49
IIID.	Tr. Mod. or Term.	149	63.1	41	17.4	31	13.1	11	4.7	4	1.7	236	1.64
IIIE.	Communic. Skills	175	74.5	31	13.2	14	6.0	6	2.6	9	3.8	235	1.48
Total		1,859	71.5	425	16.4	193	7.0	91	3.5	41	1.6		

Overall Mean Rating: 1.32

DATA SUMMARY: RATERS' EVALUATIONS OF QAFWP (OT)

Q. 3. The general categories (or traits) that the form attempts to assess were derived in relation to those on the Field Work Performance Report. In your opinion, are these the most important and relevant traits for a qualitative assessment of Occupational Therapy field work performance?

		YES		NO		UN-DECIDED		NO RESPONSE		N=
		#	%	#	%	#	%	#	%	
IA.	Applic. of Eval. Prin.	223	88.8	3	1.2	8	3.2	17	6.8	251
IB.	Admin. of Eval. Proc.	218	86.9	6	2.4	9	3.6	18	7.2	251
IC.	Reporting & Recording	223	88.8	6	2.4	4	1.6	18	7.2	251
ID.	Inter. & Util. of Data	224	89.2	2	.8	8	3.2	17	6.8	251
IIA.	Goal Formulation	227	90.4	2	.8	7	2.8	15	6.0	251
IIB.	Dev. & Pres. Tr. Plans	229	91.2	2	.8	4	1.6	16	6.4	251
IIIA.	Organiz. Tr. Prog.	227	90.4	2	.8	6	2.4	16	6.4	251
IIIB.	Carrying Out. Tr. Prog.	225	89.6	4	1.6	6	2.4	16	6.4	251
IIIC.	Therapeutic Rel.	220	87.6	9	3.6	6	2.4	16	6.4	251
IIID.	Tr. Mod. or Term.	213	84.9	10	4.0	13	5.2	15	6.0	251
IIIE.	Communic. Skills	230	91.6	4	1.6	3	1.2	14	5.6	251
IV.	Personality Characteristics	202	80.5	11	4.4	24	9.6	14	5.6	251
Total		2,661	90.1	61	2.5	98	5.4	192	2.0	3,012

Q. 4. The behavior indicators presented to guide you in your rating of each trait or category were selected as a sampling of the most important indicators. In your opinion, were the indicators selected for use appropriate?

Very Appropriate — Very Inappropriate

[illegible] (41.4%) [illegible] [illegible] [illegible]

No Response: 16 (6.4%) — Mean Rating: [illegible]

Q. 5. To what extent did you find the behavior indicators helpful guides in determining your ratings?

Very Helpful — Very Unhelpful

N = 251

127 (50.6%) 70 (27.9%) [illegible] [illegible] [illegible]

No Response: 17 (6.8%) — Mean Rating: [illegible]

Q. 6. In the process of making the ratings, did you have any students whose behaviors did not fit the categories as presented?

YES — NO — UNDECIDED

N = 251

61 (24.3%) 151 (60.2%) 24 (9.6%)

No Response: 15 (6.0%)

Q. 7. Were the instructions for using the assessment form clear to you.

Very Clear — Very Unclear

N = 251

155 (61.8%) 84 (33.5%) [illegible] [illegible] [illegible]

No Response: 12 (4.8%) — Mean Rating: [illegible]

9. a. How useful was the assessment tool specifically in regard to YOUR field work setting?

Very Useful

1 2 3 4 5 N = 251

93 (37.5%) 67 (26.7%) 31 (12.4%) 16 (6.4%) 7 (2.8%)

No Response: 37 (14.7%) Mean Rating: 1.96

9. b. On the average, approximately how long did it take you to complete the assessment form on a student?

less than 15 min.	15 - 30 min.	31 - 45 min.	46 - 60 min.	1 - 1½ hrs.	1½ - 2 hrs.	more than 2 hrs.
16 (6.4%)	57 (22.7%)	74 (29.5%)	36 (14.3%)	17 (6.8%)	16 (6.4%)	9 (3.6%)

No Response: 26 (10.4%) N = 251

9. c. This instrument was developed for use in the current project because occupational therapists have indicated a need for a qualitative assessment of student field work performance. To what extent do you think the instrument meets that expressed need?

Very Well Not At All

1 2 3 4 5

91 (36.3%) 90 (35.9%) 36 (14.3%) 13 (5.2%) 3 (1.2%) N = 251

No Response: 18 (7.2%) Mean Rating: 1.92

Q. 11. Which of the following words characterize your experience in using the qualitative assessment instrument? (Check as many as may be applicable.)

N = 108 NO RESPONSE = 3

Positive		Negative	
Relevant Content	151	Needs Revision	52
Easy to Use	142	Ambiguous	24
Good Qual. Tool	138	Takes Too Much Time	23
Helpful	118	Confusing	19
Worthwhile	110	Impractical	14
Efficient	98	Useless	10
Very Useful	91	Difficult	7
Acceptable As Is	43		
Total	891 (86%)	Total	149 (14%)

Total Words Checked: 1,040

*When "Needs Revision" is excluded, negative is reduced to 9.8%.

DATA SUMMARY

RATERS' EVALUATIONS

of the

QUALITATIVE ASSESSMENT OF FIELD WORK PERFORMANCE INSTRUMENT

for

OCCUPATIONAL THERAPY ASSISTANTS

Evaluation of Measures of Proficiency in Occupational Therapy

July, 1976

DATA SUMMARY: RATERS' EVALUATIONS OF QAFWP (OTA)

Q. 1. Please indicate on the scale provided the extent to which the terminology used in the indicators (for each part of the tool) was clear in its meaning.

		Rating Scale: Very Clear 1		2		3		4		Very Unclear 5			
		#	%	#	%	#	%	#	%	#	%	N=	Mean Rating
IA.	Collecting Evaluation Data	117	70.1	36	21.6	5	3.0	5	3.0	4	2.4	170	1.46
IB.	Communicating Evaluation Findings	119	71.7	33	19.9	5	3.0	5	3.0	4	2.4	170	1.45
II.	Assisting in Treatment Planning	116	69.5	33	19.8	9	5.4	6	3.6	3	1.8	170	1.49
IIIA.	Organizing and Carrying out Treatment Program	119	71.7	27	16.3	9	5.4	6	3.6	5	3.0	170	1.50
IIIB.	Establishing Patient/Client Relationships	118	71.1	32	19.3	7	4.2	3	1.8	6	3.6	170	1.48
IIIC.	Assisting with Program Modification	119	71.7	34	20.5	4	2.4	4	2.4	5	3.0	170	1.45
IIID.	Communicating Effectively	116	69.5	34	20.4	8	4.8	5	3.0	4	2.4	170	1.49
IV.	Role Expectations	102	62.2	34	20.7	16	9.8	6	3.7	6	3.7	170	1.66

DATA SUMMARY: RATERS' EVALUATIONS OF QAFWP (OTA)

Q. 3. The general categories (or traits) that the form attempts to assess were derived from those most frequently included on field work performance forms currently used by individual OTA educational programs. In your opinion, are these the most important and relevant traits to use for a qualitative assessment of Occupational Therapy Assistant field work performance?

		UNDECIDED		NO		YES		NO RESPONSE		N=
		#	%	#	%	#	%	#	%	
IA.	Collecting Evaluation Data	13	7.6	9	5.3	144	84.7	4	2.4	170
IB.	Communicating Evaluation Findings	8	4.7	10	5.9	148	87.1	4	2.4	170
II.	Assisting in Treatment Planning	5	2.9	3	1.8	159	93.5	3	1.8	170
IIIA.	Organizing and Carrying Out Treatment Program	2	1.2	2	1.2	163	95.9	3	1.8	170
IIIB.	Establishing Patient/Client Relationships	1	0.6			166	97.6	3	1.8	170
IIIC.	Assisting with Program Modification	8	4.7	4	2.4	152	89.4	6	3.5	170
IIID.	Communicating Effectively	1	0.6	3	1.8	163	95.9	3	1.8	170
IV.	Role Expectations	12	7.1	5	2.9	148	87.1	5	2.9	170

Q. 4. The behavior indicators presented to guide you in your rating of each trait or category were selected as a sampling of the most important indicators. In your opinion, were the indicators selected for use appropriate?

Very Appropriate				Very Inappropriate	
1	2	3	4	5	N = 170
83 (48.8%)	51 (30.0%)	20 (11.8%)	5 (2.9%)	2 (1.2%)	

No Response: 9 (5.3%)

Mean Rating: 1.71

Q. 5. To what extent did you find the behavior indicators a helpful guide in determining your ratings?

Very Helpful				Very Unhelpful	
1	2	3	4	5	N = 170
81 (47.6%)	50 (29.4%)	22 (12.9%)	10 (5.9%)	1 (0.6%)	

No Response: 6 (3.5%)

Mean Rating: 1.78

Q. 6. In the process of making the ratings, did you have any students whose behaviors did not fit the categories as presented?

YES	NO	UNDECIDED	N = 170
12 (7.1%)	96 (56.5%)	53 (31.2%)	

No Response: 9 (5.3%)

Mean Rating: 2.26

Q. 7 Were the instructions for using the assessment form clear to you?

Very Clear				Very Unclear	
1	2	3	4	5	N = 170
106 (62.4%)	41 (24.1%)	14 (8.2%)	2 (1.2%)	1 (0.6%)	

No Response: 6 (3.5%)

Mean Rating: 1.48

Q. 8. How useful was the assessment tool specifically in regard to YOUR field work setting?

Very Useful				Very Useless	
1	2	3	4	5	N = 170
68 (40.0%)	55 (32.4%)	27 (15.9%)	11 (6.5%)	1 (0.6%)	

No Response: 8 (4.7%) Mean Rating: 1.90

Q. 9. On the average, approximately how long did it take you to complete the assessment form on a student?

less than 15 min.	15 - 30 min.	31 - 45 min.	46 - 60 min.	1 - 1 1/2 hrs.	1 1/2 - 2 hrs.	more than 2 hrs.
13 (7.6%)	76 (44.7%)	47 (27.6%)	13 (7.6%)	9 (5.3%)	6 (3.5%)	1 (0.6%)

No Response: 5 (2.9%) Mean Rating: 2.70 N = 170

Q.10. This experimental instrument constitutes an attempt to develop a tool which could assess the field work performance of any Occupational Therapy Assistant student. To what extent do you think the instrument achieves that objective?

Very Well				Not At All	
1	2	3	4	5	
56 (32.9%)	73 (42.9%)	24 (14.1%)	7 (4.1%)	1 (0.6%)	N = 170

No Response: 9 (5.3%) Mean Rating: 1.91

Q. 11. Which of the following words characterize your experience in using the OTA Field Work Performance Assessment instrument? (Check as many as may be applicable.)

N = 170

Positive		Negative	
Very Useful	62	Takes Too Much Time	6
Easy to Use	104	Ambiguous	18
Efficient	87	Needs Revision	60
Worthwhile	89	Difficult	6
Acceptable as Is	36	Confusing	11
Good Qualitative Tool	231	Impractical	3
Relevant Content	115	Useless	8
Helpful	90		
Total	864 (89%)	Total	112 (11%)

The Field Work Performance Assessment - Occupational Therapy Assistant rating booklet has been removed by the forwarding agency - AOTA. The reader may wish to contact that organization for further information regarding the tool.